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COUNTY OF LINCOLN — PARTS OF LINDSEY



# ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

**1958**

---

C. D. CORMAC, M.A., B.M., B.Ch., D.P.H.  
County Medical Officer of Health

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C. D. CORMAC, M.A., B.M., B.Ch., D.P.H.  
County Medical Officer of Health

County Offices,  
Lincoln

Annual Report 1958

To the Chairman and Members of the County Health Committee.

Mr. Chairman, Ladies and Gentlemen,

In presenting to you my Annual Report for the year 1958, special mention should be made of the fact that this year marked the tenth anniversary of the National Health Service. The opportunity has, therefore, been taken to begin the report with a review of the services provided by your Council under this Act. It may thus be seen how these services have developed, what changes and extensions have been made and what difficulties have been encountered.

In the remainder of the report information on the services provided in 1958 is given under appropriate headings. Much space has been devoted to statistics yet without these it is impossible to give an accurate picture of the state of the public health and I would commend them for study by those who can spare the time.

Reports on two services deserve special mention. One of these describes the scheme for the welfare of handicapped persons recently introduced, whilst the other deals with mental health, a service which is expected to expand considerably during succeeding years.

Unfortunately we are faced administratively with attempting to develop services against a background of shortage, both of money and field workers. In one way this may be a good thing for it results in services being critically reviewed and in the use of methods whereby resources are employed in the most efficient and economical way.

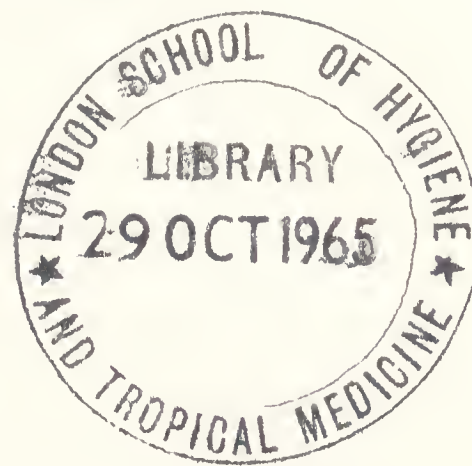
My thanks are due both to members of the Health Committee and to the staff of the Health Department for their help and encouragement throughout the year.

I am,

Your obedient servant,

C. D. CORMAC

*County Medical Officer of Health*



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## PUBLIC HEALTH OFFICERS OF THE AUTHORITY

County Medical Officer of Health

CYRIL D. CORMAC, M.A., B.M., B.Ch., D.P.H.

Senior Assistant County Medical Officer of Health

H. HARTLEY DAVIES, M.R.C.S., L.R.C.P., D.C.H.

Assistant County Medical Officers

WILLIAM J. KERRIGAN,

M.B., Ch.B., B.A.O., L.M., D.P.H.

RALPH J. R. MECREDY,

B.A., M.B., B.Ch., B.A.O., D.P.H.,

STANLEY A. O'HAGAN, M.B., B.S., D.P.H.

SIDNEY CHILDS, M.A., M.B., Ch.B., L.R.C.P., L.R.C.S.,

L.R.F.P.S., D.P.H., D.P.A., D.T.M.&H.

CECIL A. McCLEARY, M.B., B.Ch., B.A.O., D.P.H.

(Resigned 14/7/58)

JAMES S. ROBERTSON, M.B., M.R.C.S., D.P.H., D.I.H.,

WILLIAM C. WARD, M.B., B.Ch., B.A.O., D.P.H.,

GEORGE CUST, M.B., Ch.B., D.P.H., (Appointed 6/10/58)

ANTHONY LOFTUS, L.R.C.P., L.R.C.S., L.M., D.P.H.

MARY C. ROBERTSON, M.B., Ch.B., (Appointed 1/11/58)

ARTHUR J. BEVERIDGE, C.B., O.B.E., M.C., M.Sc., M.B.,  
B.Ch., B.A.O., L.M., D.P.H., (Resigned 30/9/58)

NORA LAING, L.R.C.P. & S.I.

DOROTHY W. O'HAGAN, M.B., B.S.

DORIS S. WILLIAMS, M.B., Ch.B., D.P.H.

ISABELLA M. HARKNESS, M.B., Ch.B., D.P.H.

ELIZABETH BRITAIN, M.B., B.S.

SHIRLEY E. HOYES, M.R.C.S., L.R.C.P.

MARGARET T. WOOD, D Obst, R.C.O.G., M.B., Ch.B.

(Resigned 7/10/58)

JESSIE D. CARRICK, M.B., Ch.B., (Appointed 30/9/58)

Chief County Dental Officer

JOHN D. SYKES, L.D.S.

Assistant County Dental Officers

GEORGE H. TAPPER, L.D.S., R.C.S.,

FRANCIS G. HOLLIER, L.D.S., R.C.S.

MARY CLAYTON, B.D.S., L.D.S.

FRANK E. PADGETT, L.D.S., R.C.S.

JENEFER M. HEYWORTH, L.D.S., R.C.S.,

(Appointed 1/9/58) Part-time.

DOUGALD R. STORR, L.D.S.

DIGBY F. CAME, L.D.S., R.C.S.

WILLIAM S. LINDSAY, L.D.S. (Resigned 9/8/58) Part-

KEITH HUTCHINSON B.D.S. time

JOHN A. DALY, L.D.S., (Appointed 15/9/58) Part-time

Orthodontist

ALBERT W. GREENWOOD, B.D.S., L.D.S.

County Health Inspector

GEORGE COLLINSON, D.P.A., P.H.ENG., M.A.P.H.I.

Assistant County Health Inspector

ARTHUR HENRY RANDS, M.A.P.H.I.

Superintendent Nursing Officer

MARY WITTING, S.R.N., S.C.M., Health Visitors Cert. of R.S.H.

Assistant Superintendent Nursing Officers

VIOLET L. MONAGHAN, S.R.N., S.C.M.

MARGARET BADDILEY, S.R.N. S.C.M., Health Visitors Cert. of R.S.H.

Domestic Help Organizer

Mrs. LILIAN ELLERAY

Administrative Assistant

CHARLES H. NICHOLSON

Public Analyst

WILLIAM W. TAYLOR, B.Sc., F.R.I.C.

Authorised Officers under the Lunacy and Mental Treatment Acts and for the purposes of Section 15 (1) of the  
Mental Deficiency Act, 1913

G. G. BECK, 48, Oswald Road, Scunthorpe.

A. JAMES, 48, Oswald Road, Scunthorpe.

F. SLINGSBY, 31, Market Street, Cleethorpes.

C. L. VICKERS, 13, Spital Terrace, Gainsborough.

A. V. SMITH, County Offices, Lincoln.

C. L. WINK, 14, Upgate, Louth.

J. N. RADFORD, Offord House, Spilsby.

B. G. WILLIAMS, 32 Cecil Avenue, Skegness.

# DISTRICT MEDICAL OFFICERS OF HEALTH

District	Name	Qualifications	Address
<b>URBAN</b>			
Alford ... ..	A. Loftus,	L.R.C.P., L.R.C.S., L.M., D.P.H.	Council Offices, Alford
Barton-upon-Humber	J. S. Robertson	M.B., M.R.C.S., D.P.H., D.I.H.	50, Holydyke, Barton-upon-Humber
Brigg ... ..	J. S. Robertson	M.B., M.R.C.S., D.P.H., D.I.H.	Council Offices, Town Hall, Brigg.
Cleethorpes Borough ...	C. A. McCleary (resigned 14/7/58) G. Cust (appointed 6/10/58)	M.B., B.Ch., B.A.O., D.P.H. M.B., Ch.B., D.P.H.	Health Dept., Council House, Cleethorpes. Health Dept., Council House, Cleethorpes.
Gainsborough ... ..	W. C. Ward	M.B., B.Ch., B.A.O., D.P.H.	Health Dept, Council Offices, Lord Street, Gainsborough.
Horncastle ... ..	S. A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, Horncastle
Louth Borough ...	W. J. Kerrigan	M.B., Ch.B, B.A.O., D.P.H.	Health, Dept., Town Hall, Louth
Mablethorpe & Sutton	W. J. Kerrigan	M.B., Ch.B., B.A.O., D.P.H.	Council Offices, Mablethorpe
Market Rasen ... ..	R. J. R. Mecredy	B.A., M.B., B.Ch., B.A.O., D.P.H.	Council Offices, Market Rasen
Scunthorpe Borough ...	S. Childs	M.A., M.R.F.P. & S.D., M.B., Ch.B., D.P.H., D.P.A., D.T.M., & H.	Health Dept., High Street East Scunthorpe
Skegness ... ..	A. Loftus	L.R.C.P., L.R.C.S., L.M., D.P.H.	The Clinic, Cecil Avenue, Skegness
Woodhall Spa ... ..	S. A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, Woodhall Spa
<b>RURAL</b>			
Caistor ... ..	R. J. R. Mecredy	B.A., M.B., B.Ch., B.A.O., D.P.H.	Council Offices, Caistor
Gainsborough ...	W. C. Ward	M.B., B.Ch., B.A.O., D.P.H.	Council Offices, Lord Street, Gainsborough.
Glandford Brigg ...	J. S. Robertson	M.B., M.R.C.S., D.P.H., D.I.H.	Council Offices, Bigby Street, Brigg
Grimsby ... ..	C. A. McCleary (resigned 14/7/58) G. Cust (appointed 6/10/58)	M.B., B.Ch., B.A.O., D.P.H. M.B., Ch.B., D.P.H.	Health Dept., Council Offices, Deansgate, Grimsby Health Dept., Council Offices, Deansgate, Grimsby
Horncastle ... ..	S. A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, Horncastle
Isle of Axholme ...	W. C. Ward	M.B., B.Ch., B.A.O., D.P.H.	Council Offices, Epworth, Doncaster.
Louth ... ..	W. J. Kerrigan	M.B., Ch.B., B.A.O., D.P.H.	Council Offices, Canon Street, Louth
Spilsby ... ..	A. Loftus	L.R.C.P., L.R.C.S., L.M., D.P.H.	Council Offices, Toynton All Saints, Spilsby
Welton ... ..	W. Sharrard	M.B., Ch.B.	"Elmhurst", The Avenue, Lincoln



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TROPICAL MED

## GENERAL REVIEW OF SERVICES PROVIDED BY THE COUNTY COUNCIL UNDER THE NATIONAL HEALTH SERVICE ACT, 1946

In July, 1948, the County Council, in common with all County Councils and County Borough Councils in England and Wales, had the whole structure of their health services changed by the National Health Service Act, 1946. They handed over to Regional Hospital Boards responsibility for the provision of hospitals, maternity homes, mental hospitals, mental deficiency institutions and certain specialist services, had to develop or change the character of the other services provided by them and were called upon for the first time to provide other important services. Perhaps no other Act has caused such fundamental changes in the health service functions of local authorities who were called upon to play their part within the tripartite framework of the National Health Service. Those sections of the Act devoted to the functions of local health authorities presented to them opportunities particularly in the field of preventive medicine. The way in which these opportunities have been exploited in Lindsey is described in the succeeding paragraphs.

### Health Centres

Sections 21 of the National Health Service Act, under which health centres can be provided, was heralded by many as the one section affecting local health authority services which could make possible much imaginative development of health services and close co-operation between all branches of the National Health Service. The comprehensive health centre idea has, however, really remained as such, as only in a few places in the whole of the country have all-purpose health centres been provided. As far as Lindsey is concerned, some consideration was given to the possibility of establishing centres in the north and south of the County several years ago but nothing was done and the County Council, in common with most other authorities in the country, have no all purpose health centres.

As for health centres for the local health authority's own services, there are only three purpose built centres in the County, at Cleethorpes, Scunthorpe and Skegness, built respectively in 1928, 1930 and 1939. The clinic at Ashby, situated in what is now a rapidly developing residential area, is a temporary structure and does not now measure up to the size and type of district it serves. Another clinic of temporary structure is at Woods Terrace, Gainsborough; while other clinics situated in Gainsborough, Louth, Horncastle, Market Rasen and Spilsby are of the terrace house type. Such buildings can hardly be regarded as entirely satisfactory for the purposes for which they are used. At Mablethorpe, a house was specially purchased and, while satisfactory in most respects, is not now big enough to cope satisfactorily with the number of clinic attendances. That no new clinics have been built since 1939 can no doubt be attributed to financial stringency. Nevertheless, the fact remains that the general standard of County Council clinic premises is not a high one.

Child welfare clinics in the villages are held in any suitable rented premises which might be available, such as parish halls. Under the circumstances, the standard of premises is on the whole reasonable, but a more practicable means of providing a service in sparsely populated areas in the future may turn out to be the provision of mobile welfare centres.

### Maternity and Child Welfare

In 1948, there were 43 infant welfare and 14 ante-natal clinics throughout the County, at the time when the service was growing again after the war years. New infant welfare clinics were opened at Burton Stather, Coningsby, Gainsborough, Goxhill, Immingham, Sutton-on-Sea, Old Waltham and Wainfleet. Friskney and Winteringham were changed from being weighing centres to infant welfare centres with a doctor in attendance. Better premises were obtained for the clinics at Keadby and North Kelsey and in nine other clinics at Epworth, Saxilby, Lincoln, Scunthorpe, Skegness, Louth, Mablethorpe, Barton and Spilsby the number of sessions attended by the doctors was increased. On account of the gap in routine medical care between the ages of one year and five years, toddler clinics were started at Scunthorpe, Barton, Cleethorpes, Gainsborough, Louth, Skegness, Brigg, Market Rasen and Horncastle. Later, new infant welfare clinics were opened at Bardney, Barnetby, Barrow-on-Humber, Binbrook, Broughton, East Halton, Fiskerton, Grainthorpe, Haxey, Humberstone, Hemswell, Manby, Messingham, Nettleham, North Cotes, North Somercotes, South Killingholme, Tetney and Woodhall Spa. Other clinics were closed at Belton, Horkstow, Mumby and Sutton-on-Sea. In December 1958 there were 58 child welfare centres throughout the County.

In 1948, the total attendances at infant welfare centres were 58,067. In that year also, 192 infants died under the age of one year, giving an infant mortality rate of 34 per 1,000 live births, and 46% of all children who died in the first week of life died of prematurity. There were 10 maternal deaths during the year. As recorded elsewhere in this Report, in 1958 there were 131 infant deaths, with an infant mortality rate of 24.31, and only one maternal death.

With the introduction of the National Health Service, when everyone became entitled to medical advice and treatment without charge, it was thought in some quarters that the infant welfare service might decline. In fact, in 1958 there were 52,513 attendances at infant welfare clinics compared with 58,067 in 1948. This fall in attendances is comparatively small and due in all probability to the greater tendency for family doctors to be approached for advice, but the fact that more than 50,000 attendances continue to be made at the Council's clinics indicates the value many mothers place on the quiet and confidential talks they have in the clinics with the clinic doctors and nurses.



The type of work done has changed. Physically poor and under-developed children are rarely seen and both mothers and doctors are now more concerned with the development of the child as a whole; the mental and personality development assumes greater importance than it used to have and the seeds of good mental health can undoubtedly be sown in the welfare clinics.

During the last few years, mothers' clubs have been started in Gainsborough, Kirton Lindsey and Crowle. At their meetings they are addressed by speakers mainly on health topics. This is a useful method of endeavouring to prevent ill health among an important section of the community, and the establishment of mothers' clubs in association with other child welfare centres throughout the County is to be encouraged.

In 1948, 1,210 expectant mothers paid 6,627 attendances at ante-natal clinics. By 1950, this number of expectant mothers had fallen to 859. In 1958 only 523 expectant mothers attended clinics and this figure includes those who attended only for the purpose of having blood taken for examination.

The ante-natal clinics have ceased to function as they did in the past. They are no longer clinics in the true sense but have become classes. It has become increasingly evident how much easier (and much more pleasant) a confinement can be when the expectant mother has been briefed and understands the nature of the changes taking place within her body and the mechanism of childbirth. The value of ante-natal exercises too has become more widely appreciated. Ideally, health education of this kind should be undertaken by a patient's family doctor, but it is now exceptional and often impracticable for family doctors to be able to put aside sufficient time for this kind of thing. Classes are now well established at several centres throughout the County under the direction of the Assistant Medical Officers for Maternity and Child Welfare, while at Scunthorpe, Gainsborough and Cleethorpes expectant mothers attend in addition for relaxation exercises in association with the ante-natal class.

In 1948, the County Council had two day nurseries. Today they have none, one being closed in 1954, the other in 1957. After the closure of the second of the two day nurseries a child minders service was introduced as it was thought that there would be some mothers who for one reason or another needed to be able to arrange for their children to be cared for during the day. There has, however, been very little demand for this service.

Responsibility for the distribution of welfare foods was transferred from the Ministry of Food to local health authorities in 1954, and, although the County Council's distribution arrangements were as good as those of the Ministry, the demand has fallen substantially year by year, in particular in the take up of cod liver oil and orange juice originally provided to guard against deficiency of certain vitamins. This does not appear to have resulted in any ill effects and in all probability this is because a well balanced and adequate diet is readily available to most children today.

**Home Nursing and Midwifery**

In 1948 the County Council became responsible for providing home nursing and midwifery services throughout the County.

The home nursing service had up to that time been provided by the local Nursing Associations which, with financial support from the County Council, had also provided a midwifery service.

At the outset the County Council made no changes in the areas covered by the district nurse midwives but as time went by difficulty in the recruitment of staff made it necessary to disband some districts by adding the parishes contained in these districts to adjoining areas.

The following statistics illustrate how the demand for the service has varied throughout the decade.

**Deliveries attended by County Council midwives**

1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
2,531	2,111	2,105	2,071	2,022	1,795	1,730	1,825	1,669	1,846

**Home nursing Visits Paid**

1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
167,290	156,179	164,278	182,703	191,257	201,442	185,528	182,861	195,926	189,295

Staffing has been a really serious problem during the past two or three years. For the first few years after 1948, nurses could be obtained if accommodation was made available for them and accordingly the County Council took steps in various parts of the County to provide this accommodation. That situation has however changed. The offer of accommodation no longer appears to be an attraction and houses are remaining empty.

**Health Visiting**

The County Council provided a health visiting service for many years before 1948 and the National Health Service Act only changed the pattern of the duties to be performed by health visitors. For a time after 1948, the number of staff gradually increased although the establishment of 55 was never even approached but during the last two or three years the number fell by six to 38. The situation appears all the more serious when it is recognised that many of the County Council's health visitors are reaching retiring age. There has been a marked change in the character of the health visitor's duties. With the fall in infant mortality and the higher standard of maternal and child care today, the health visitor is to some extent now transferring her efforts to the care of the aged, an ever increasing problem, the care of problem families and the care of the mentally ill.



Immunisation and Vaccination

This scheme, whilst showing little change in the first five years after 1948, has since been developed rapidly by the County Council.

In 1953 vaccination against whooping cough was made available to children up to the age of five years and in 1957 the scope of the scheme was extended by making immunisation available to children up to 15 years of age.

In 1957 also, the County Council introduced a scheme for the immunisation of persons of all ages against tetanus and extended their scheme for smallpox vaccination to make it available to persons of all ages.

Vaccination against poliomyelitis was introduced in 1956 and the scope of this scheme was extended in both 1957 and 1958.

Combined vaccination against whooping cough and diphtheria was introduced in 1954 for children up to five years of age. In 1957, vaccination against diphtheria, whooping cough and tetanus by a single vaccine was made available to children up to 15 years of age.

Early in 1958 the Minister of Health approved a proposal submitted to him by the County Council for vaccinating against tuberculosis children between the thirteenth and fourteenth birthdays.

Ambulance Service

This service is one which was not provided by the County Council before July 1948. With the exception of 1952 when there was a slight decrease, the total mileage covered by the County Council's own vehicles, by the Hospital Car Service and by the ambulances of the Authorities operating on behalf of the County Council, increased substantially year by year from 1949 to 1954. From 1955 to 1957 this mileage decreased but the figures for 1958 again show an increase, although the total in that year was 112,000 miles less than the peak year of 1954.

Wireless was installed in 12 of the County Council's ambulances in 1953 and in 1954 an additional 9 vehicles were radio controlled.

Prevention of Illness, Care and After-care

The provisions of Section 28 of the National Health Service Act gave local health authorities tremendous scope to undertake measures designed to prevent illness. The Minister made the introduction of such measures compulsory for tuberculosis, but schemes for the prevention of other types of illness and for the care and after-care of such persons suffering from other types of illness have been few and only a few authorities have taken advantage of this Section of the National Health Service Act to any extent.

Initially the County Council's scheme only provided for the introduction of a service for the prevention of tuberculosis and for the care and after-care of persons suffering from it and also for the issue on loan of articles of nursing equipment. As time went by, however, various extensions of the scheme were approved by the Minister. In 1953, a scheme for providing convalescent home treatment was introduced. In 1956, a scheme for giving certain help to problem families and a sitter-in scheme for old people came into operation.

The following details in relation to two aspects of the County Council's scheme for the prevention of tuberculosis, care and after-care, reflect the decrease in the incidence of the disease. In 1949, 11 open air shelters were in use compared with 1 in 1958. In 1949, the number of cases in which extra nourishment was provided was 178 compared with 44 in 1958.

Domestic Help Service

The domestic help service has expanded considerably since its inception in 1948, as illustrated by the following table:—

Year	No. of Cases				No. of hours of help supplied	No. of helpers employed
	Maternity	Tuberculosis	Chronic sick and aged	Others		
July to December						
1948	35	—	18	37	6,801	7
1949	51	5	75	74	28,213	60
1950	93	8	119	103	50,255	66
1951	83	8	116	169	70,768	81
1952	49	3	287	72	90,444	117
1953	50	8	366	94	104,314	108
1954	41	4	456	114	133,261	175
1955	56	3	584	82	165,892	240
1956	82	5	712	110	206,700	291
1957	81	9	834	105	256,984	355
1958	66	6	896	117	263,335	417



This shows quite clearly that the class of persons making the greatest use of this service is the chronic sick and the aged; the numbers of maternity, tuberculous and other cases having remained fairly stable.

The cost of this service to the Council, as can be imagined, is not inconsiderable, in spite of a scale of charges for the service based on family income. The value of the service, however, to those who have made use of it is considerable, for there must be few persons who, when becoming aged and infirm, wish to leave their own homes for institutional or hospital care if it can be avoided, and quite apart from this humanitarian aspect there will undoubtedly have been a smaller demand for hospital and hostel accommodation than would otherwise have been the case.

Mental Health Service

When the County Council's scheme under Section 51 of the National Health Service Act was prepared, no specific arrangements were made for the community care of the mentally ill and that was still the position at the end of 1957. In 1958 a step towards improving the position was taken. A course of lectures, reported on in more detail elsewhere, was arranged for the County Council's health visitors designed to equip them to give more personal attention to mentally ill persons in the community. At the end of the year the County Council had under consideration the question of appointing a medical officer mainly for mental health duties and a senior mental welfare officer.

Much has, however, been done by the County Council in the way of providing occupation centres for mental defectives. In 1948 there were no occupation centres in the County but at the end of 1958 there were four, providing places for about 150 mental defectives. In addition, the County Council had an arrangement with the Grimsby and Lincoln County Borough Councils for the admission of Lindsey cases to their Occupation Centres. The County Council also employ a home teacher to visit in their own homes some of those mental defectives who cannot attend at occupation centres.

In 1954 the County Council introduced a scheme for the training of supervisory staff of occupation centres and it is largely as a result of this training scheme that most of the staff of the Occupation Centres are qualified.

VITAL STATISTICS 1958

Registrar General's estimated mid-year population	...	...	...	...	...	...	...	...	...	320,000
Live births	...	...	...	...	...	...	...	...	...	5,388
Live birth rate per 1,000 population	...	...	...	...	...	...	...	...	...	16.84
Still births	...	...	...	...	...	...	...	...	...	128
Still-births rate per 1,000 live and still-births	...	...	...	...	...	...	...	...	...	23.21
Total live and still births	...	...	...	...	...	...	...	...	...	5,516
Infant deaths	...	...	...	...	...	...	...	...	...	131
Infant mortality rate per 1,000 live births—total	...	...	...	...	...	...	...	...	...	24.31
Infant mortality rate per 1,000 live births—legitimate	...	...	...	...	...	...	...	...	...	23.56
Infant mortality rate per 1,000 live births—illegitimate	...	...	...	...	...	...	...	...	...	39.53
Neo-natal mortality rate per 1,000 live births	...	...	...	...	...	...	...	...	...	16.70
Illegitimate live births per cent of total live births	...	...	...	...	...	...	...	...	...	4.69%
Maternal deaths (including abortion)	...	...	...	...	...	...	...	...	...	1
Maternal mortality rate per 1,000 live and still-births	...	...	...	...	...	...	...	...	...	0.18
Deaths from all causes	...	...	...	...	...	...	...	...	...	3,712
Death rate per 1,000 population	...	...	...	...	...	...	...	...	...	11.59
Deaths from Tuberculosis—pulmonary	...	...	...	...	...	...	...	...	...	17
Deaths from Tuberculosis—pulmonary—rate per 1,000 population	...	...	...	...	...	...	...	...	...	0.053
Deaths from Tuberculosis—other forms	...	...	...	...	...	...	...	...	...	3
Deaths from Tuberculosis—other forms—rate per 1,000 population	...	...	...	...	...	...	...	...	...	0.009
Deaths from cancer	...	...	...	...	...	...	...	...	...	657
Deaths from cancer—rate per 1,000 population	...	...	...	...	...	...	...	...	...	2.05

The birth and death rates for the County and, for purposes of comparison, for England and Wales are given below:—

				<i>Live births rate for 1,000 population</i>	<i>Death rate for 1,000 population</i>
England and Wales	...	...	...	16.4	11.7
Lindsey	...	...	...	17.5	11.7

*Live Births 1958*

Districts	Total Births	Legitimate		Illegitimate	
		male	female	male	female
<b>Urban</b>					
Alford ... ..	35	16	18	1	—
Barton-upon-Humber ...	95	47	45	1	2
Brigg ... ..	68	36	31	—	1
Cleethorpes Borough ...	474	238	217	11	8
Gainsborough ... ..	292	134	141	12	5
Horncastle ... ..	55	23	31	1	—
Louth Borough ... ..	180	86	83	4	7
Mablethorpe and Sutton	92	47	44	1	—
Market Rasen ... ..	37	17	19	—	1
Scunthorpe Borough ...	1,164	552	553	28	31
Skegness ... ..	202	91	91	14	6
Woodhall Spa ... ..	28	16	11	—	1
Aggregate Urban Districts	2,722	1,303	1,284	73	62
<b>Rural</b>					
Caistor ... ..	237	113	119	3	2
Gainsborough ... ..	210	100	96	8	6
Glanford Brigg ... ..	563	255	280	10	18
Grimsby ... ..	273	151	115	4	3
Horncastle ... ..	234	105	115	7	7
Isle of Axholme ... ..	234	112	107	12	3
Louth ... ..	328	170	148	5	5
Spilsby ... ..	329	160	155	8	6
Welton ... ..	258	128	119	6	5
Aggregate Rural Districts	2,666	1,294	1,254	63	55
<b>Whole County</b> ... ..	5,388	2,597	2,538	136	117

*Still-Births 1958*

Districts	Total Births	Legitimate		Illegitimate	
		male	female	male	female
<b>Urban</b>					
Alford ... ..	1	1	—	—	—
Barton-upon-Humber ...	6	3	3	—	—
Brigg ... ..	—	—	—	—	—
Cleethorpes Borough ...	10	4	5	1	—
Gainsborough ... ..	10	5	3	2	—
Horncastle ... ..	3	2	—	1	—
Louth Borough ... ..	2	1	1	—	—
Mablethorpe and Sutton	—	—	—	—	—
Market Rasen ... ..	4	1	2	—	1
Scunthorpe Borough ...	24	12	10	1	1
Skegness ... ..	3	1	2	—	—
Woodhall Spa ... ..	1	1	—	—	—
Aggregate Urban Districts	64	31	26	5	2
<b>Rural</b>					
Caistor ... ..	6	1	3	1	1
Gainsborough ... ..	3	1	2	—	—
Glanford Brigg ... ..	9	3	6	—	—
Grimsby ... ..	9	5	4	—	—
Horncastle ... ..	6	4	2	—	—
Isle of Axholme ... ..	8	4	4	—	—
Louth ... ..	9	4	4	—	1
Spilsby ... ..	9	3	4	—	2
Welton ... ..	5	2	2	1	—
Aggregate Rural Districts	64	27	31	2	4
<b>Whole County</b> ... ..	128	58	57	7	6



Table giving deaths for each County District, in respect of year 1958, population

District	Registrar General's estimated population	Live Births	Deaths	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm stomach	Malignant neoplasm, lung, bronchus	Malignant neoplasm, breast	Malignant neoplasm uterus	Other malignant and lymphatic neoplasms	Leukaemia, Aleukaemia	Diabetes
<b>Urban</b>																			
Alford ... ..	2,100	35	44	—	—	—	—	—	—	—	—	—	2	1	1	1	5	1	1
Barton-upon Humber ...	6,410	95	77	—	—	—	—	—	—	—	—	—	3	1	—	—	11	—	—
Brigg ...	4,450	68	70	—	—	—	—	—	—	—	—	—	2	—	2	1	3	—	—
Cleethorpes Borough	30,480	474	371	2	—	—	—	—	—	—	—	2	9	19	8	4	37	4	2
Gainsborough ...	17,490	292	247	—	—	2	—	—	—	—	—	—	6	10	3	2	21	4	2
Horncastle ...	3,900	55	33	—	—	—	—	—	—	—	—	—	3	1	—	1	4	—	—
Louth Borough ...	11,500	180	189	1	1	—	—	—	—	—	—	—	2	3	2	3	12	—	—
Mablethorpe and Sutton ... ..	5,240	92	81	—	—	—	—	—	—	—	—	1	4	4	1	—	6	—	—
Market Rasen ...	2,150	37	36	—	—	—	—	—	—	2	—	—	1	1	3	—	3	1	2
Scunthorpe Borough	60,700	1164	554	3	1	—	—	—	—	—	—	—	11	23	2	2	69	2	4
Skegness ... ..	12,610	202	164	—	—	—	—	—	—	—	—	—	2	4	3	2	12	—	4
Woodhall Spa ...	2,170	28	52	1	—	—	—	—	—	—	—	—	1	3	—	—	9	—	—
Total ...	159,200	2722	1918	7	2	2	—	—	—	2	—	3	46	70	25	16	192	12	15
<b>Rural</b>																			
Caistor ... ..	14,330	237	174	—	—	—	—	—	—	3	—	—	3	3	1	6	20	1	1
Gainsborough ...	12,490	210	125	1	—	—	—	—	—	1	—	—	3	4	3	1	10	3	1
Glandford Brigg	32,780	563	383	1	—	1	—	—	—	—	—	3	11	12	7	3	40	1	3
Grimsby ...	15,040	273	147	3	—	—	—	—	—	—	—	—	2	2	4	1	18	—	—
Horncastle ...	13,480	234	149	1	1	—	—	—	—	—	—	1	6	3	1	3	9	—	2
Isle of Axholme ...	14,300	234	168	—	—	—	—	—	—	—	—	—	4	4	4	2	15	—	1
Louth ... ..	18,430	328	192	—	—	—	—	—	—	—	—	—	5	5	1	2	15	—	2
Spilsby ... ..	23,560	329	319	3	—	1	—	—	—	—	—	—	9	11	3	—	34	1	2
Welton ... ..	16,390	258	137	1	—	—	—	—	—	—	—	1	3	3	1	1	10	—	1
Total ...	160,800	2666	1794	10	1	2	—	—	—	4	—	5	46	47	25	19	171	6	13
<b>Total for Admini- strative County</b>	320,000	5388	3712	17	3	4	—	—	—	6	—	8	92	117	50	35	363	18	28

number of births and deaths, together with analysis of causes of death.

Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	District
11	5	—	2	2	—	—	2	1	—	—	1	1	—	—	4	1	1	1	—	<b>Urban</b>
14	12	4	17	3	—	1	—	—	1	—	—	1	—	—	7	—	1	1	—	Alford
12	8	2	13	3	1	1	4	—	2	1	1	5	—	1	6	—	2	—	—	Barton-upon Humber
44	74	12	36	21	3	10	27	4	3	—	2	2	—	3	30	4	7	1	1	Brigg
31	33	7	35	9	4	5	19	2	—	1	2	2	—	2	41	1	3	—	—	Cleethorpes Borough
5	4	—	5	1	—	—	1	—	—	—	—	1	—	—	6	—	1	—	—	Gainsborough
27	23	4	27	19	—	5	12	4	1	—	2	—	—	1	30	—	8	1	1	Horncastle
11	13	1	14	2	—	2	5	1	—	—	—	1	—	—	11	1	1	2	—	Louth Borough
4	1	1	4	1	—	3	4	—	—	—	1	1	—	—	2	—	1	—	—	Mablethorpe and Sutton
85	85	3	63	24	5	15	35	3	4	1	12	4	1	10	60	10	13	3	1	Market Rasen
27	32	8	30	9	—	4	5	—	5	—	—	1	—	2	10	1	1	1	1	Scunthorpe Borough
7	4	2	9	5	—	4	—	—	1	—	—	1	—	—	3	—	1	1	—	Skegness
																				Woodhall Spa
278	294	44	255	99	13	50	114	15	17	3	21	20	1	19	210	18	40	11	4	Total
20	27	3	40	5	—	3	4	1	1	1	—	—	—	—	17	6	7	1	—	<b>Rural</b>
20	13	4	18	7	1	6	6	1	2	2	1	1	—	1	10	3	2	—	—	Caistor
57	61	7	64	12	4	8	14	3	4	3	1	1	—	2	43	7	8	2	—	Gainsborough
17	24	10	14	5	1	12	7	—	1	1	1	1	—	3	9	4	4	3	—	Glanford Brigg
36	9	1	26	5	1	3	8	1	—	3	1	—	—	4	13	4	6	—	1	Grimsby
34	31	1	20	4	1	5	9	2	1	2	2	3	—	2	14	—	4	3	—	Horncastle
29	32	7	37	9	2	6	11	2	—	—	1	2	—	—	18	2	4	—	—	Isle of Axholme
47	48	10	59	13	—	9	10	5	3	—	1	5	—	3	33	6	3	—	—	Louth
21	23	2	22	3	2	12	5	—	2	—	2	—	—	3	11	2	5	1	—	Spilsby
																				Welton
281	268	45	300	63	12	64	74	15	14	12	10	13	—	18	168	34	43	10	1	Total
559	562	89	555	162	25	114	188	30	31	15	31	33	1	37	378	52	83	21	5	<b>Total for Administrative County</b>



*Causes of all deaths in the County at different ages, 1958*

Causes of death	0—	1—	5—	15—	25—	45—	65—	75 and over	Total
1. Tuberculosis, respiratory ... ..	—	—	—	—	1	5	5	6	17
2. Tuberculosis, other ... ..	—	—	—	—	—	2	1	—	3
3. Syphilitic disease ... ..	—	—	—	—	—	2	1	1	4
4. Diphtheria ... ..	—	—	—	—	—	—	—	—	—
5. Whooping cough ... ..	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ... ..	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis ... ..	—	—	1	—	5	—	—	—	6
8. Measles ... ..	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	—	1	1	—	2	1	2	1	8
10. Malignant neoplasm, stomach ...	—	—	—	—	3	26	31	32	92
11. Malignant neoplasm, lung bronchus	—	—	—	—	4	60	42	11	117
12. Malignant neoplasm, breast ...	—	—	—	—	3	20	17	10	50
13. Malignant neoplasm, uterus ...	—	—	—	—	3	16	8	8	35
14. Other malignant and lymphatic neoplasms ... ..	—	1	2	4	20	104	110	122	363
15. Leukaemia, aleukaemia ... ..	—	3	1	2	—	4	4	4	18
16. Diabetes ... ..	—	—	—	—	5	5	3	15	28
17. Vascular lesions of nervous system	—	—	—	—	5	82	164	308	559
18. Coronary disease, angina ... ..	—	—	—	—	14	143	189	216	562
19. Hypertension with heart disease ...	—	—	—	—	—	12	32	45	89
20. Other heart disease ... ..	—	1	—	—	10	40	109	395	555
21. Other circulatory disease ... ..	—	—	—	1	2	17	50	90	162
22. Influenza ... ..	—	1	—	—	2	6	8	8	25
23. Pneumonia ... ..	7	4	—	—	2	10	25	66	114
24. Bronchitis ... ..	2	1	—	1	1	51	58	74	188
25. Other diseases of respiratory system	—	—	—	—	—	13	4	13	30
26. Ulcer of stomach and duodenum ...	—	—	—	—	3	8	7	13	31
27. Gastritis, enteritis and diarrhoea ...	5	—	—	—	—	4	4	2	15
28. Nephritis and nephrosis ... ..	—	—	—	1	5	7	6	12	31
29. Hyperplasia of prostate ... ..	—	—	—	—	—	1	7	25	33
30. Pregnancy, childbirth, abortion ...	—	—	—	—	1	—	—	—	1
31. Congenital malformations ... ..	28	2	1	—	3	3	—	—	37
32. Other defined and ill-defined diseases	84	4	4	2	25	40	56	163	378
33. Motor vehicle accidents ... ..	—	—	1	24	12	9	2	4	52
34. All other accidents ... ..	5	4	2	3	20	9	11	29	83
35. Suicide ... ..	—	—	—	—	6	12	1	2	21
36. Homicide and operations of war ...	—	—	—	1	2	1	1	—	5
Total ...	131	22	13	39	159	713	958	1677	3712

## INFANT AND CHILD MORTALITY

The total number of deaths in children under the age of 16 years was 178 in 1958 compared with 173 for 1957.

These deaths have been sub-divided as follows:—

### Causes of deaths in infants during the first week of life

<i>Cause</i>	<i>Number of deaths</i>	<i>Percentage of total deaths in this age group</i>	<i>Percentage of total deaths of all children up to 16 years of age</i>
Prematurity ...	43	50.6	24.1
Birth injuries ...	13	15.3	7.4
Congenital defects	12	14.1	6.8
Atelectasis ...	10	11.8	5.5
Rhesus			
Incompatability	3	3.5	1.7
Respiratory disease	2	2.4	1.1
Accident or			
Misadventure ...	1	1.2	.6
Other causes ...	1	1.2	1.1
Totals	85	100.0	48.3

There were ten more deaths in the group than in the corresponding group last year. The biggest increase was in premature deaths, which rose from 36 in 1957 to 43 in 1958. This one single cause of death comprises 50% of the total deaths in the first week of life and thus remains the greatest single hazard which must be overcome before the infant death rate is lowered to any considerable extent.

In 1957 there were 19 deaths in this group from birth injuries. At the time it was thought that this was a rather high number. It is gratifying to note that in 1958 the number fell to 13.

### Causes of deaths in infants age week—one month

<i>Cause</i>	<i>Number of deaths</i>	<i>Percentage of total deaths in this age group</i>	<i>Percentage of total deaths of all children up to 16 years of age</i>
Congenital defects	5	27.8	2.8
Respiratory Causes	4	22.2	2.2
Infection ...	4	22.2	2.2
Prematurity ...	3	16.7	1.7
Rhesus			
incompatability	1	5.6	.6
Other causes ...	1	5.5	.6
Totals ...	18	100.0	10.1

This period is usually a quiet period in a baby's life and one does not normally encounter much infection at this period. However, during 1958, both respiratory disease and other infections have been more than usually active, accounting between them for 45% of all deaths in this group. In 1957, infection of all types accounted for only 8.3% of deaths.

In 1958, deaths were up by 50% in this group, but as the numbers are small, this 50% rise only means that there were in fact six more deaths.



**Causes of deaths in infants one month—three months of age**

<i>Cause</i>	<i>Number of deaths</i>	<i>Percentage of total deaths in this age group</i>	<i>Percentage of total deaths of all children up to 16 years of age</i>
Congenital defects	4	30.7	2.3
Accident or Misadventure	3	23.1	1.7
Respiratory causes	3	23.1	1.7
Prematurity ...	1	7.7	.6
Infection ...	1	7.7	.6
Other causes ...	1	7.7	.6
Totals ...	13	100.0	7.5

In 1957, the deaths in this group totalled 20.

**Causes of deaths in infants three months—one year of age**

<i>Cause</i>	<i>Number of deaths</i>	<i>Percentage of total deaths in this age group</i>	<i>Percentage of total deaths of all children up to 16 years of age</i>
Infection ...	7	31.8	4.0
Respiratory causes	5	22.7	2.8
Congenital defects	5	22.7	2.8
Accident or Misadventure	3	13.6	1.7
Other causes ...	2	9.1	1.1
Totals ...	22	100.0	12.4

As respiratory infection has been the main single source of infection causing the deaths in children, it is always been tabulated by itself in these tables and “Infection” means all types of infection other than that causing respiratory disease.

It will be noted, therefore, that infection (which here includes the two groups) accounts for 54% of all deaths in this age group, and that it caused the deaths of 45% in the first age group. It is clear that despite modern means of encountering infection there is still a lot to be done in this direction.

**Causes of deaths in children one year—five years of age**

<i>Cause</i>	<i>Number of deaths</i>	<i>Percentage of total deaths in this age group</i>	<i>Percentage of total deaths of all children up to 16 years of age</i>
Respiratory disease	7	28.0	4.0
Accident or Misadventure	6	24.0	3.3
Infection ...	4	16.0	2.2
Congenital defects	2	8.0	1.1
Other causes ...	6	24.0	3.3
Totals ...	25	100.0	13.9

Nearly one quarter of all deaths in this age group was due to accident or misadventure—a tragic waste of life. None of the accidents, however, were road accidents. One was due to the inhalation of vomit, three were due to drowning, one from scalding in the home and one from a fall in the back-yard.

A few years ago it was noted that more than half the accidental deaths of children above one year old was due to one cause alone, drowning.

Causes of death in children five—sixteen years of age

<i>Cause</i>	<i>Number of deaths</i>	<i>Percentage of total deaths in this group</i>	<i>Percentage of total deaths in all groups to 16 years</i>
Accident or Misadventure	7	46.7	4.0
Respiratory disease	2	13.3	1.1
Infection ...	2	13.3	1.1
Congenital defects	1	6.7	.6
Other causes ...	3	20.0	1.7
Totals ...	15	100.0	8.5

Again in this group, accidental deaths predominate, accounting for seven deaths out of fifteen in the group. Once again, three deaths were from drowning. Two of these deaths were due to road accidents.

Causes of all deaths 0—16 years of age

<i>Cause</i>	<i>Number of deaths</i>	<i>Percentage of total deaths</i>
Prematurity ...	47	26.4
Congenital causes	29	16.3
Respiratory disease	23	12.9
Accident or Misadventure ...	20	11.2
Infection ...	18	10.1
Birth injuries ...	13	7.3
Atelectasis ...	10	5.6
Rhesus incompatibility	4	2.3
Other causes ...	14	7.9
Totals ...	178	100.0

Once again the word “tuberculosis” has not entered these lists.

SANITARY CIRCUMSTANCES OF THE COUNTY

Housing

Slum clearance now occupies a prominent position in the sphere of housing and varying degrees of progress have been made in all districts.

Reconditioning of houses by grant aid has contributed considerably to the improvement of housing circumstances, which will be observed from the following data:—

<i>Boroughs and Urban Districts</i>		<i>Rural Districts</i>	
<i>No. of houses subject to application for grant</i>	<i>No. of houses subject to grant</i>	<i>No. of houses subject to application for grant</i>	<i>No. of houses subject to grant</i>
201	193	623	617

It will be seen that grants were made in respect of 810 houses and, although this is a decrease of 41 compared with 1957, substantial progress has been made.

Coverision of pail closets to water closets

Some 1,005 pail and vault closets were converted to water closets during the year, of which 941 were in rural districts. This represents an increase of 87 over 1957.



**Refuse Collection**

Weekly refuse collection is maintained in the boroughs and urban districts. In the smaller villages of the Horncastle Rural District the collection of refuse remains at quarterly intervals and elsewhere the frequency of collection is mainly fortnightly.

**Camping Sites and Moveable Dwellings**

The total number of caravans permitted on licensed sites amounts to 10,409 of which 9,462 are situated on the coastline ranging from Mablethorpe to Skegness and on camping sites at Humberston.

The high standard of hygiene achieved in the County Council's camp at Ingoldmells Point sets an example to other camp owners and caravan occupiers in the neighbourhood.

Close supervision of all camping sites had been exercised by the public health inspectors of district councils. The provision of public sewerage schemes in unsewered sections of coastal areas where large camping sites exist, is becoming increasingly urgent, in order to maintain satisfactory standards of hygiene and sanitation.

**Water Supplies**

Further progress has been made with regard to the re-grouping of water supplies. The constituent authorities concerned with the proposal to establish one water board for the Louth and Horncastle area and another for East Lindsey have submitted draft orders to the Ministry of Housing and Local Government.

It is unfortunate that certain smaller authorities have not voluntarily consented to become constituent members of the Boards, which may retard progress.

A statutory order has been confirmed to provide for the Market Rasen Urban and the Caistor Rural Districts being incorporated in the Grimsby, Cleethorpes and District Water Board, and for the Board to be re-named the North East Lincolnshire Water Board.

The Minister of Housing and Local Government has intimated that he proposes to make a compulsory order under Section 9 of the Water Act, 1945, to secure the grouping of the water undertakings of the Gainsborough Urban and the Gainsborough and Welton Rural Districts, together with Lincoln City and parts of East Nottinghamshire and of the North Kesteven Rural District. This announcement followed the failure of the authorities concerned to agree on voluntary grouping.

Further progress has been made in connection with the regional schemes in the Horncastle, Louth and Spilsby Rural Districts.

The demand for water in the north east of the county is increasing yearly and stress has been laid on the necessity for the protection of the chalk gathering grounds, particularly insofar as sewage disposal is concerned.

**Sewerage and Sewage Disposal**

Extensions of sewers were made in the towns of Cleethorpes, Scunthorpe, Brigg and Horncastle.

Progress has been made in connection with the following schemes in rural districts:—

Caistor Rural District	...	...	Scheme for Waddingham completed.
Gainsborough Rural District	...	...	Scheme for Marton and Gate Burton commenced.
Glanford Brigg Rural District	...	...	Schemes for Barrow and New Holland and Hibaldstow proceeding.
Grimsby Rural District	...	...	Scheme for Laceby, including Cottager's Plat, completed.
Horncastle Rural District	...	...	Scheme for West Ashby completed.
Louth Rural District	...	...	Extension of schemes in villages of Holton-le-Clay, North Thoresby and Tetney carried out.
Spilsby Rural District...	...	...	Phase II of scheme which includes the extension of the sewers in the main part of Stickney village completed.
Welton Rural District	...	...	Schemes for Cherry Willingham, Reepham and Saxilby proceeding.

**INSPECTION AND SUPERVISION OF FOOD AND DRUGS**

**Sampling of Food and Drugs**

The greater part of this work, whilst under the supervision of the County Health Inspector, has been carried out by two Assistant County Health Inspectors. After one of the Assistant County Health Inspectors had left the service of the County Council it was not found possible to replace him, with the result that there has been a reduction in the number of samples taken. The post was vacant throughout the whole year.



Changes in the legislation relating to the compositional standards of foods occurred during the year. These include the Antioxidant in Food Regulations, 1958, which prescribe the use, in limited quantities, of substances which are capable of retarding or preventing rancidity in specified oils and fats. The Public Health (Preservatives in Food) Regulations were slightly amended to allow the importation of apples, pears, pineapples, peaches, melons and citrus fruit, containing small proportions of preservative.

The following table shows the results of samples submitted to the Public Analyst:—

	Number Analysed	Genuine	Adulterated or otherwise below standard
1. Milk ... ..	86	47	39
2. Processed Milk Products (including cream, butter and ice cream)	59	58	1
3. Edible Fats and Oil ... ..	35	35	—
4. Preserves ... ..	24	24	—
5. Tinned, Bottled and Dried Articles ... ..	55	55	—
6. Alcoholic Beverages ... ..	22	22	—
7. Non-Alcoholic Beverages ... ..	27	27	—
8. Sugar and Flour Confectionery ... ..	30	29	1
9. Meat and Fish Products (not included in 5) ... ..	84	62	22
10. Vinegars, Pickles, Sauces, Spices, Flavourings and Essences	45	44	1
11. Cereal products ... ..	3	3	—
12. Miscellaneous ... ..	32	31	1
13. Medicines and Drugs ... ..	41	40	1
Total ...	543	477	66

In addition 502 samples of milk were examined in the laboratory at the County Offices during the year.

Legal proceedings were instituted in connection with a sample of meat paste described as potted meat, which contained 9.8 per cent. of dry starchy matter. A fine of £5, together with £3/2/0d. costs, was imposed.

The presence of foreign matter in foods has been the subject of warnings to the manufacturers in the following instances:—

- Fibrous matter in lemon cheese;
- Black and brown iron oxide in bread;
- Maggots and associated matter in dried peas.

The operators of an automatic milk vending machine were warned to connection with contraventions under the Food and Drugs Act. The co-operation of the Milk Marketing Board has been sought in order that dairymen intending to install equipment of this nature may be advised in advance of the statutory requirements.

The meat content of sausages has been kept under observation but the Minister of Agriculture, Fisheries and Food has declined to make a statutory standard relating to the meat content of pork sausages, as there is no known method of determining the exact amount of a second meat if introduced by the manufacturer.

**Merchandise Marks Acts, 1887 to 1953**

Inspections under the above Acts have been carried out in order to ensure the correct marking or labelling of food stuffs and informal action has been taken in numerous instances. The Acts apply to both home and imported food including milk.

**Specified Areas**

At the end of the year, the whole of the county, with the exception of Welton Rural District, was included in “specified areas” made by the Minister of Agriculture, Fisheries and Food under Section 41 of the Food and Drugs Act. The specification of areas or districts provides that all retailed sales of milk, including sales in restaurants and sales to caterers, should be pasteurised, sterilised or tuberculin tested. The requirements of the Act do not, however, include sales to agricultural employees, where the producer concerned does not engage in sales of milk of the aforementioned designations.

The circumstances relating to retail sales have been kept under close supervision in order to ensure the observation of the provisions of the Orders.



Supervision of Pasteurising Plants

The six pasteurising plants which are licensed by the County Council have functioned satisfactorily during the year, and it is gratifying to note that all of the samples taken (which are listed in the following table) satisfied the prescribed tests, viz., methylene blue reduction test for keeping quality and the phosphatase test for efficiency of heat treatment.

Tuberculin tested milk (Pasteurised)			Pasteurised Milk		
Total No. of Samples	Samples failing to satisfy methylene blue reduction test	Samples failing to satisfy phosphatase test	Total No. of Samples	Samples failing to satisfy methylene blue reduction test	Samples failing to satisfy phosphatase test
265	Nil	Nil	376	Nil	Nil

The plants have been subject to frequent examination and swabs taken from various sections have been subjected to bacteriological examination in order to ensure that the system of sterilisation has been satisfactory.

Biological Examination of Milk

During the year 703 samples of milk were submitted to the public health laboratory for biological examination. Eight of these samples showed positive evidence of tuberculosis and five infected cows were removed from four of the herds concerned, following investigation by the divisional veterinary officer of the Ministry of Agriculture, Fisheries and Food. In the remaining cases, cows had been sold from the herds during the interim period of the sample having been taken and the result becoming available.

In addition, 26 of the aforementioned samples showed positive evidence of Brucella Abortus. In all cases of infected milk, no retailed sales of the raw milk to the general public were taking place but the producers and employees who had been consuming the milk were advised on precautionary measures.

Food Hygiene Regulations, 1955

Substantial progress has been made by the Education Committee in order to bring the school canteens up to the standard required by the above Regulations. In addition, District Councils have been active in this important aspect of public health work. The importance of sound habits and practices by the food handlers cannot be over-emphasised, as, however well-equipped food premises may be, sound practices in handling, preparing and serving food are absolutely essential.

Meat Inspection

The following table gives details of the numbers of animals slaughtered and inspected. Meat inspection is carried out by the officers of the district councils and the number of animals inspected amounts to almost 100 per cent of those slaughtered.

	Cattle excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed (if known) ... ..	16,840	895	301	33,543	52,809	Nil
Number inspected ... ..	16,722	893	296	31,102	52,283	Nil
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcasses condemned ... ..	31	51	18	136	103	Nil
Carcasses of which some part or organ was condemned ... ..	3,700	166	15	648	7,095	Nil
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	22.33	24.3	11.14	2.53	13.77	Nil
<i>Tuberculosis only</i>						
Whole carcasses condemned ... ..	36	12	2	Nil	20	Nil
Carcasses of which some part or organ was condemned ... ..	969	103	2	4	1,490	Nil
Percentage of the number inspected affected with tuberculosis ... ..	6.01	12.88	1.35	0.013	2.89	Nil
<i>Cysticercosis</i>						
Carcasses of which some part or organ was condemned ... ..	181	Nil	Nil	Nil	Nil	Nil
Carcasses submitted to treatment by refrigeration	181	Nil	Nil	Nil	Nil	Nil
Generalised and totally condemned ... ..	1	Nil	Nil	Nil	Nil	Nil



## CARE OF MOTHERS AND YOUNG CHILDREN

### Ante-natal Care

There was again an increase in attendances at ante-natal clinics, the total being 1,044 compared with 1,015 in 1957. Nevertheless the attendances remain disappointing.

The change in character of the ante-natal clinics has already been described, and during 1958 the health educational aspect of these clinics expanded appreciably. The talks given to groups of expectant mothers by both doctors and nurses are made more interesting with the use of visual aids such as the showing of film strips and coloured diagrams. Group discussions are undertaken also. Relaxation classes were attended by 876 expectant mothers as compared with 324 in 1957.

The following are details of attendances for ante-natal examination in 1958:—

Clinics	No. of expectant mothers	No. of attendances	Sessions held	Average attendances
Brigg ... ..	3	16	26	1
Cleethorpes ... ..	218	235	28	8
Haxey ... ..	32	156	24	7
Horncastle ... ..	17	51	28	2
Immingham ... ..	8	10	22	1
Mablethorpe... ..	57	150	24	6
Market Rasen ... ..	20	56	24	2
Scunthorpe ... ..	91	132	49	3
Total ...	446	806	225	4
Attendances for Ante-Natal Examination at Infant Welfare Centres ...	77	238		
	523	1,044		

*Included* Attendances for blood test.

*Not Included* Attendance at relaxation classes, 876.

### Post Natal Care

The County Council have no separate post-natal clinics but mothers may, if they so wish, attend at any of the County Council's ante-natal clinics for post natal care. Forty-one mothers attended the ante-natal clinics for post-natal care during 1958, 27 of them making their first attendance during the year. Seventy-five attendances were made by these 41 mothers.

In addition mothers who attend the County Council's infant welfare centres with their young children, can, although their attendance is primarily in connection with the welfare of the child, obtain advice on post-natal care from the medical officer in charge of the infant welfare centre.

### Maternity Outfits

During the year, 1975 maternity outfits were issued to expectant mothers.

### Care of Unmarried Mothers

During 1958 arrangements were made with the Lincoln Diocesan Association for Moral Welfare for thirty-seven unmarried mothers to be admitted to special homes for this type of case compared with 41 during 1957.

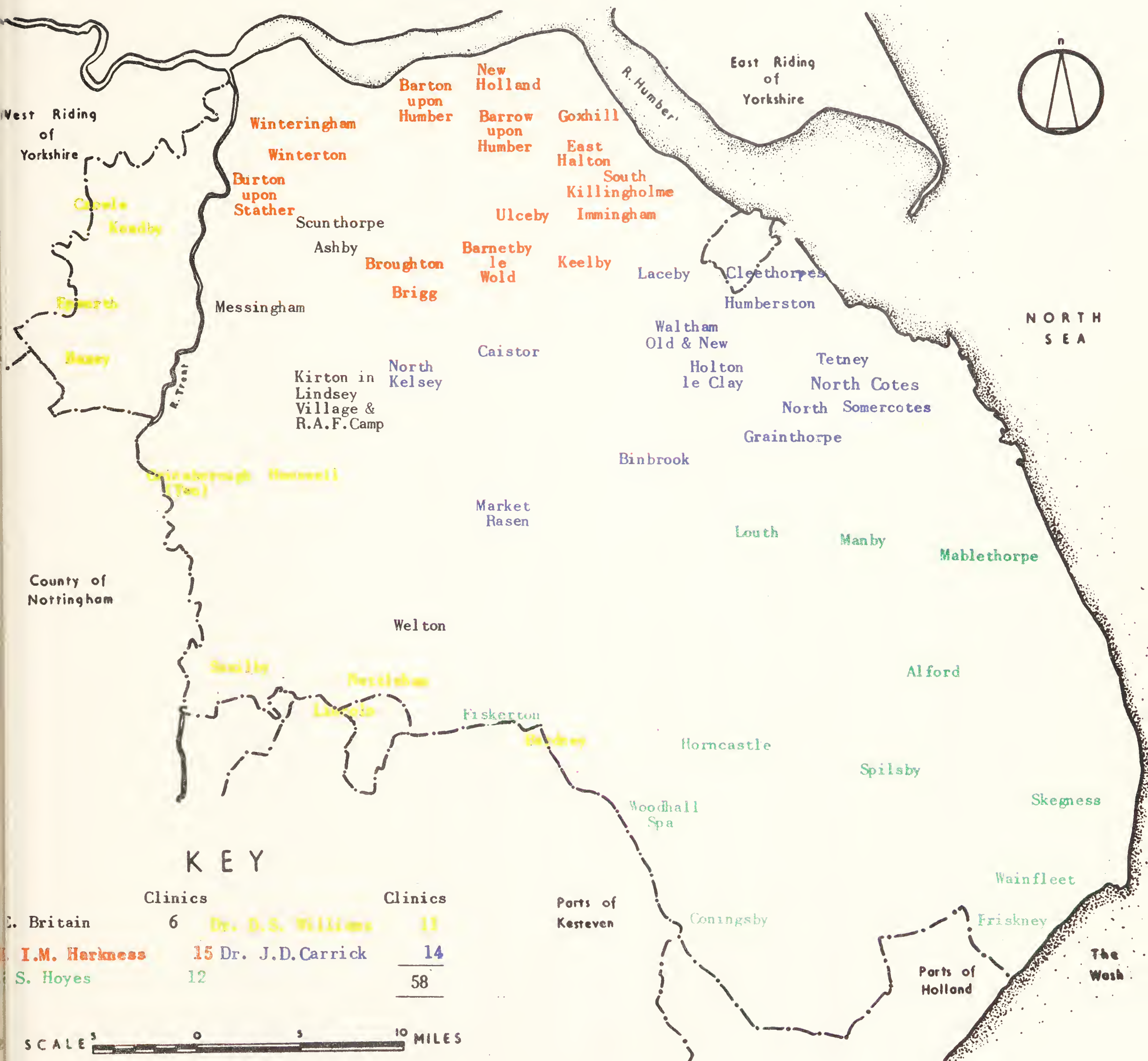
### Child Welfare

#### Infant Welfare Centres

A new infant welfare centre was opened at North Cotes during the year bringing the total to 58. The total attendances at infant welfare centres were 52,513 compared with 52,305 in the previous year.



# MAP SHOWING INFANT WELFARE CLINICS AND DOCTORS IN ATTENDANCE







The following table gives details of infant welfare clinics held during the year:—  
*Infants attending infant welfare centres during 1958*

Centres	Under one year		Over one and under two years		Over two and under five years		Total		No. of sessions	Average Attendances per session
	No. Attended	No. of Attendances	No. Attended	No. of Attendances	No. Attended	No. of Attendances	No. Attended	No. of Attendances		
Alford ... ..	32	182	16	38	20	23	68	243	24	10
Ashby ... ..	390	3,886	189	478	228	312	807	4,676	137	34
Bardney ... ..	26	198	8	74	22	38	56	310	23	14
Barnetby ... ..	22	238	15	85	34	174	71	497	28	18
Barrow-on-Humber	21	349	15	181	21	180	57	710	29	24
Barton upon Humber	64	1,508	61	484	28	39	153	2,031	52	39
Binbrook ... ..	53	539	24	115	26	125	103	779	52	15
Brigg ... ..	61	1,311	36	433	20	274	117	2,018	50	40
Broughton ... ..	43	485	25	136	18	84	86	705	34	21
Burton Stather ...	16	273	18	124	10	73	44	470	24	20
Caistor ... ..	10	102	5	64	13	49	28	215	23	9
Cleethorpes ...	289	4,480	148	565	77	40	514	5,085	128	40
Coningsby ... ..	67	508	25	99	10	56	102	663	23	29
Crowle ... ..	35	380	20	133	15	66	70	579	24	24
East Halton ... ..	15	151	11	66	22	103	48	320	24	13
Epworth ... ..	30	236	17	82	19	67	66	385	24	16
Fiskerton ... ..	14	133	5	67	31	91	50	291	23	13
Friskney ... ..	18	231	16	141	30	91	64	463	23	20
Gainsborough										
Spital Terrace ...	145	1,297	59	300	131	340	335	1,937	79	25
Gainsborough										
Woods Terrace	81	1,238	54	396	87	282	222	1,916	48	40
Goxhill ... ..	14	315	12	179	27	179	53	673	24	28
Grainthorpe ... ..	12	152	10	42	8	49	30	243	23	11
Haxey ... ..	24	197	8	50	15	44	47	291	23	13
Hemswell R.A.F....	46	319	27	93	33	81	106	493	26	19
Holton-le-Clay ...	7	34	8	37	8	15	23	86	11	8
Horncastle ... ..	58	811	22	181	30	162	110	1,154	52	22
Humberston ... ..	45	492	30	174	40	79	115	745	24	31
Immingham ... ..	46	447	33	164	53	173	132	784	31	25
Keadby ... ..	63	1,343	68	339	51	296	182	1,978	51	39
Keelby ... ..	14	250	22	151	24	106	60	507	23	22
Kirton Lindsey Village	23	226	16	39	36	102	75	367	23	16
Kirton Lindsey R.A.F.	30	177	17	67	34	82	81	326	23	14
Laceby ... ..	19	228	18	169	44	206	81	603	24	25
Lincoln ... ..	2	8	3	4	2	3	7	15	26	1
Louth ... ..	105	1,107	52	134	31	31	188	1,272	52	24
Mablethorpe ... ..	102	1,454	46	221	119	437	267	2,112	52	41
Manby ... ..	45	445	39	128	26	77	110	650	24	27
Market Rasen ... ..	58	480	30	75	20	42	108	597	29	21
Messingham ... ..	16	367	16	270	34	268	66	905	53	17
Nettleham... ..	22	123	9	65	15	15	46	203	27	8
New Holland ... ..	16	259	12	141	29	137	57	537	23	23
*North Cotes ... ..	20	99	4	12	13	33	37	144	9	16
North Kelsey ... ..	11	123	4	54	5	44	20	221	23	10
North Somercotes	18	246	16	88	20	70	54	404	27	15
Saxilby ... ..	27	211	10	91	10	10	47	312	23	14
Scunthorpe ... ..	323	4,054	164	594	223	513	710	5,161	115	45
Skegness ... ..	146	2,007	74	285	38	130	258	2,422	50	48
South Killingholme	22	161	4	95	31	125	57	381	24	16
Spilsby ... ..	31	239	16	100	34	75	81	414	49	8
Tetney ... ..	18	237	15	102	24	66	57	405	23	18
Ulceby ... ..	13	175	14	141	28	119	55	435	23	19
Wainfleet ... ..	32	324	32	160	54	191	118	675	28	24
New Waltham ... ..	28	359	22	116	49	111	99	586	24	24
Old Waltham ... ..	39	406	37	99	27	94	103	599	24	25
Welton (Lincoln)	20	223	10	82	14	80	44	385	28	14
Winteringham ... ..	16	205	8	138	16	146	40	489	24	20
Winterton ... ..	25	226	9	75	27	101	61	402	24	17
Woodhall Spa ... ..	18	143	7	38	22	63	47	244	23	11
	3,006	36,397	1,711	9,054	2,176	7,062	6,893	52,513	2,057	26

\*Opened 8th August 1958—North Cotes

Toddlers' Clinics

The scheme for vaccination against poliomyelitis interfered with the running of toddlers' clinics with the result that there was a decrease in the number of sessions held and of attendances, compared with the previous year, the figures being 260 sessions held and 1,674 attendances in 1957, compared with 244 and 1,430 respectively in 1958.

It must, however, be pointed out that at infant welfare centres there were some 1,600 attendances of children between one and five years of age. Whilst it is understandable that a mother who has a baby and a toddler much prefers to bring both children to the same clinic rather than to take one to the infant welfare centre and one to the toddlers' clinic, it is nevertheless a pity that so many toddlers are only taken to the infant welfare centre as the toddlers' clinics work on an appointments system and the appointments are so arranged to ensure that the doctor has plenty of time to give the child a complete medical check-up and to discuss fully with the mother any point which emerges from the examination or which the mother wishes to raise.

The following table illustrates the defects found during the examination of toddlers at toddlers' clinics and at infant welfare centres:—

Defect	Requiring treatment	For observation but not requiring treatment
<i>Cleanliness</i> ... ..	0	3
<i>Infestation: Head</i> ... ..	0	1
<i>Teeth</i> ... ..	52	53
<i>Skin</i> ... ..	28	27
<i>Eyes:</i> (a) Vision ... ..	2	2
(b) Squint ... ..	12	11
(c) Other... ..	5	3
<i>Ears:</i> (a) Hearing ... ..	0	2
(b) Otitis Media Rt. ...	0	1
Lt. ...	1	0
(c) Other ... ..	1	0
<i>Nose or Throat</i> ... ..	20	65
<i>Speech</i> ... ..	2	24
<i>Cervical Glands</i> ... ..	2	51
<i>Heart and circulation</i> ... ..	3	11
<i>Lungs</i> ... ..	14	28
<i>Development</i> (a) Hernia ...	3	10
(b) Other ... ..	2	67
<i>Orthopaedic</i> (a) Posture ...	0	1
(b) Flat foot ... ..	11	35
(c) Other ... ..	22	56
<i>Nervous system</i> (a) Epilepsy ...	1	1
(b) Other ... ..	1	5
<i>Psychological</i> ... ..	0	5
<i>Enuresis</i> ... ..	0	2
<i>Soreness of vulva</i> ... ..	1	0
<i>Other deformities</i> ... ..	13	42
<i>Other defects or diseases</i> ... ..	30	55
Total ... ..	226	561

Care of Premature Infants

The County Council's Ambulance Service is equipped with heated baskets and supplies of oxygen for use in connection with the conveyance of premature babies to hospital and for this service to be available it is only necessary for the doctor or the midwife to make the need known to the Ambulance Station when calling for an ambulance.

The Council's health visitors give particular attention to premature babies on discharge from hospitals or maternity homes and when, in respect of those born at home, special nursing care by the Council's nurse-midwives is no longer required. Special equipment, such as premature baby cots, is available for premature babies being cared for at home. There were 363 premature live babies born in 1958, a decrease of 12 compared with the previous year. There were 59 premature still births compared with 77 in 1957.



The following table gives detailed information regarding premature births:—

Weight at Birth	Premature live births															Premature still births		
	Born in Hospital*			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital (17)	Born at home (18)	Born in nursing home (19)
	T'tl (2)	Died within 24 hrs. of birth (3)	Survived 28 days (3)	T'tl (5)	Died within 24 hrs. of birth (6)	Survived 28 days (7)	T'tl (8)	Died within 24 hrs. of birth (9)	Survived 28 days (10)	T'tl (11)	Died within 24 hrs. of birth (12)	Survived 28 days (13)	T'tl (14)	Died within 24 hrs. of birth (15)	Survived 28 days (16)			
(1)																		
(a) 3 lb 4 oz. or less (1,500 gms. or less)	44	22	10	1	1	—	6	2	2	—	—	—	—	—	—	30	3	—
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	49	6	41	—	—	—	11	1	8	—	—	—	—	—	—	8	2	—
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	76	—	74	6	—	6	4	—	3	1	—	1	—	—	—	5	—	—
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	111	3	106	47	—	47	6	—	5	1	—	1	—	—	—	8	3	—
Totals ...	280	31	231	54	1	53	27	3	18	2	—	2	—	—	—	51	8	—

\*The group under this heading includes any cases born in one hospital and transferred to another.

Child Minder Service

The County Council adopted a child minder scheme in 1957 under which the County Council can employ child minders to look after, during the day time, children up to the age of five years where the parents desire such provision to be made and where the circumstances are such that they can be classified as priority cases. Priority cases are defined as follows:—

- (i) where the mother is compelled to go out to work because she is unmarried, widowed, separated or divorced or because the father is ill and unable to work;
- (ii) where the mother is prevented by illness or other special circumstances acceptable to the County Medical Officer from looking after the child properly and needs someone to care for the child whilst the father is at work;
- (iii) where the mother is dead or where the father is separated or divorced and he needs someone to care for the child whilst he is at work;
- (iv) where in any other case the County Medical Officer is satisfied that special circumstances exist to justify the case being accorded priority.

The County Council pay the child minders 4/- per child per day or part of the day, in return for which the child minder undertakes to accept supervision and inspection by the County Council's Health Visitors and feed and care for the children during the time they are in her care. Parents who avail themselves of this service are required to contribute towards the cost in accordance with the County Council's scale.



Originally the scheme was restricted to Scunthorpe but was extended to the whole of the County during 1958. It was never anticipated that there would be a very great demand for this service but it is surprising that, in 1958, a child minder was provided for only one case.

Welfare Foods

During 1958 the distribution points at Appleby, Belchford, Hemingby, Kirkby-on-Bain, Stallingborough, Haxey Westwoodside, West Rasen and Withern were closed as there was insufficient demand for welfare foods in these villages to justify the continuation of distribution. Additional centres were established at Fulstow, East Butterwick and North Cotes.

At the end of the year 150 distribution points were in operation, 53 in conjunction with the County Council's infant welfare centres and 97 at other points, including shops, women's institutes and distributors' homes. Paid staff are employed at 9 centres only, the remainder being staffed by voluntary workers.

During the year 109,422 tins of national dried milk, 18,495 bottles of cod liver oil, 12,907 packets of A. & D. tablets, and 136,809 bottles of orange juice were issued compared with 155,384 tins of milk, 28,886 bottles of cod liver oil, 14,129 packets of tablets and 211,000 bottles of orange juice in 1957

The following table gives details of the average weekly issues of welfare foods year by year since the County Council assumed responsibility for distribution in 1954:—

<i>Period</i>	<i>National Dried Milk</i>	<i>Cod Liver Oil</i>	<i>Vitamin A &amp; D Tablets</i>	<i>Orange Juice</i>
27 week period ended 31/12/54	4,012	614	195	2,885
1955 ... ..	3,647	636	243	3,417
1956 ... ..	3,509	601	263	3,759
1957 ... ..	2,988	555	272	4,058
1958 ... ..	2,104	356	248	2,631

Dental Care

The opening paragraph of the report for 1949 which is quoted below will serve equally appropriately to introduce this report.

“Since the National Health Service came into operation, it is perhaps appropriate here to consider the effect of the National Health Service Act on the working of this Authority's Dental Scheme. It was recognised in framing the Act that there were not sufficient dentists available to provide a comprehensive service for all and that there were certain sections of the people who had first claim for treatment. The welfare of these sections, expectant and nursing mothers and children up to school leaving age, was to be safeguarded by making the local authorities responsible for providing a priority service for them. In fact the exact opposite of what was intended has happened. The shortage of dental manpower which prompted the setting up of a priority service has occasioned an overwhelming demand for treatment from the practitioners under the National Health Service with consequent opportunities for earning high rates of remuneration. Instead of the staffs of the Local Authorities' Dental Service being augmented to establishment level there has been a drift away to the more lucrative National Health Service and the priority classes are now the more neglected classes.”

During these ten years, whilst there has been no spectacular change in the number of patients, which represents only a small proportion of those eligible to attend the clinics, there has been an interesting change in the type of patients and consequently in the nature of the work. In the past there was a preponderance of patients who came in for extractions and ultimately dentures. Now an increasing proportion come in for conservative work and fewer dentures become necessary.

The following table will clearly illustrate these changes.

		Examined	Dentally fit	Attendances for treatment	Extractions per patient treated	Fillings per patient treated	Dentures per patient treated
Mothers	1949	86	1	537	5.2	.5	1.1
	1958	143	2	491	1.7	1.5	.2
Children	1949	122	4	156	1.3	.2	—
	1958	161	20	227	.7	.5	—



During this time there has been a fairly steady improvement in the ratio of extractions to fillings but at no time in either class of patient has the number of teeth filled exceeded the number extracted. Very few mothers are found to be dentally fit on inspection but one in eight of the infants inspected last year did not need treatment, indicating that some are now attending for routine inspection.

The figures shown in the tables at the end of this section of the report indicate no substantial change from last year save in one respect. Although there was a slight increase in the mothers treated the number of dentures supplied was reduced from 65 to 31.

Patients are referred for treatment by medical officers, general medical practitioners and health visitors. Some apply on their own initiative and this number is increasing. Frequently a mother, whilst under treatment, will ask for a child to be treated. This child is then taken under regular periodic inspection. At a subsequent visit the mother escorting the child will announce another pregnancy and ask to be taken under treatment again. A suggestion was made last year, and is repeated here, that mothers might well be considered eligible for treatment under the Maternity and Child Welfare scheme so long as their children are eligible, in order to allow of some continuity of supervision.

Dentures are made at the Council's dental laboratory in Lincoln. A portable X-ray unit is taken round by Mr. Greenwood, the Orthodontist, who visits each base clinic once a week, and patients needing radiographic examination are given appointments at these sessions. In cases of emergency or urgency the patient may be sent to the local hospital for X-ray. Processing is done in the dark room at the County Offices.

The following tables give information regarding the number of patients provided with treatment and the form of treatment provided:—

(a) Numbers provided with dental care

	New patients examined	New patients needing treatment	New patients treated	Number made dentally fit	Appointments	Attendances
Expectant and nursing mothers	143	141	132	113	529	491
Children under five	161	141	139	131	237	227

(b) Form of treatment provided

	Expectant and nursing mothers	Children under five
Extractions under —local anaesthetic ...	105	4
—general anaesthetic	126	94
Administrations of —local anaesthetic ...	74	4
—general anaesthetic	48	49
Fillings ... ..	190	72
Scalings and or gum treatment ... ..	47	26
Silver nitrate treatment ... ..	1	79
Other operations, dressings, etc. ... ..	85	11
Radiographs ... ..	20	—
Dentures—complete ... ..	20	—
—partial ... ..	11	—

MIDWIFERY AND HOME NURSING

The practice of providing these services in the main by the employment of nurses to undertake both midwifery and home nursing duties has continued. The year has been marked by a further deterioration in the staffing position. It is becoming increasingly difficult to fill vacancies and the offer of accommodation is no longer an attraction. It has been necessary to adjust the boundaries of nursing districts in those parts of the County where vacancies exist by adding parts of vacant areas to areas which are staffed but there is, of course, a limit to what can be done in this direction. The position is all the more alarming because many of the nursing and midwifery staff, whose average age is 55 years, will be retiring in the next few years and as matters stand at the moment there is little or no hope of sufficient replacements being obtained. This is not all. With a staff whose average age is as high as 55, the incidence of sickness is inevitably high as the stress of work in all weathers and at all hours takes a heavier toll. The higher the sickness rate, the greater is the load which the remaining staff have to bear and so the vicious circle is complete. I cannot too strongly stress the fact that unless something is done and done quickly to attract recruits to this service, a serious situtation will arise in the next few years.



In pursuance of the County Council's policy, midwifery or home nursing refresher courses were attended by 28 members of the staff.

Midwifery

The duties placed upon the County Council by the Midwives Act, 1951, are carried out by the superintendent nursing officer and two of her assistants. The following table gives details of deliveries attended by midwives in Lindsey during 1958.

Number of deliveries attended by midwives in the Area during 1958

	Deliveries attended						
	No.	Doctor not booked		Doctor booked		Totals	Cases in Institutions
		Doctor present	Doctor not present	Doctor present	Doctor not present		
Midwives employed by local health authority ... ..	74	4	18	437	1,387	1,846	—
Midwives employed by hospital management committees	53	—	—	—	—	—	3,288
Midwives in private practice	4	—	2	10	10	22	—
Totals ... ..	131	4	20	447	1,397	1,868	3,288

Of the total of 5,156 deliveries in Lindsey, 1,846 were delivered by County Council midwives.

The County Council's midwives attended 1,924 patients delivered in hospital and discharged before the fourteenth day.

Home Nursing

The number of cases dealt with by the County Council's nurses again decreased, the decrease amounting to 611 cases. The number of visits paid to cases by the nurses also showed a decrease, the comparable figures being 195,926 in 1957 and 189,295 in 1958.

The following table gives details of the demand on the service year by year since 1950:—

Home Nursing 1950—1958

	1950	1951	1952	1953	1954	1955	1956	1957	1958
County population ... ..	308,600	309,800	310,900	312,300	313,500	316,200	316,800	318,600	320,000
Nurses employed (whole-time equivalent)	47	48	49	51	51	49	49	53	49
Cases attended ... ..	7,208	7,867	8,256	8,697	8,502	8,001	7,557	7,329	6,718
Average case per nurse ...	153	163	168	170	167	163	154	139	137
Visits paid ... ..	156,179	164,278	182,703	191,257	201,442	185,528	187,861	195,926	189,295
Average visits per nurse ...	3,334	3,423	3,729	3,730	3,950	3,786	3,834	3,697	3,863
Average visits per patient ...	21	20	22	22	24	23	25	27	28

It will be noted from the above table that the average number of visits per patient has increased year by year since 1955. This trend is undoubtedly due to the visits paid to old people as will be seen from the following table relating to the visiting of persons over 65 years of age:—

	1955	1956	1957	1958
Patients ... ..	3,033	2,995	2,595	2,671
Visits ... ..	108,173	116,646	121,472	129,658
Visits per patient ...	36	40	47	48

No special arrangements are made for the care of sick children at home. The number of cases dealt with by the County Council's nurses fell from 586 in 1957 to 448 in 1958 and the visits from 4,136 to 3,368.



HEALTH VISITING

At the end of the year there were 38 health visitors, a decrease of 3. Two retired on account of age and one on the advent of her second child. It was not possible to make any new appointments during the year, nor were any bursaries awarded by the County Council for training as health visitors, although there was evidence of greater interest in this scheme as a number of enquiries were dealt with. There is further evidence of this in the health visitor training centres where considerably larger numbers entered for training last year. If the loss due to retirements is to be replaced the profession must be attractive to the right sort of woman. A higher salary is not by any means the whole answer. More important is the feeling that the work is valuable, responsible and satisfying to nurses who have been interested enough to take the necessary training. In the past, health visitors have spent a good deal of time carrying out work which required little if any training and to remedy this, assistants were appointed to help with school medical and cleanliness inspections, and at vaccination and immunisation sessions. This arrangement has now been extended to all the urban areas of the county and makes available to the health visitors a good deal of time which can be better spent on medico-social work. Visiting aged people living alone, or with an aged relative, takes up a great deal of time but it is very rewarding when, as is often the case, the old person can be helped to a more comfortable way of life and can remain at home instead of entering an institution. Even more time consuming and often less rewarding is her work with problem families. As these families are notorious for the number of social workers who may become involved in their support, standing case conferences have been set up in the areas which appeared to need them. They are convened by the Co-ordinating Officer, in this county the Children's Officer, and all information available is pooled and action decided on. Occasionally a case conference is called particularly to discuss action in connection with one family. The conferences have proved valuable in channelling the efforts of all the workers to one end, and in bringing the many workers concerned with these difficult families into a closer relationship.

Following their courses of lectures, the health visitors have visited the psychiatric out-patient clinics to make the acquaintance of the psychiatrists, and when asked to do so are making reports on the home environment of patients being admitted and on the progress of those being discharged.

Another course of lectures organised by the Principal Probation Officer and given by lecturers from Nottingham University, was given to a group of the County Council's social workers from Welfare, Children's and Health Departments. It began and ended with a short residential weekend and consisted of five lectures with questions and discussions lasting 1½ hours. Five health visitors and the assistant superintendent attended from this section and appreciated the opportunity to discuss matters of common interest with workers from other departments.

Some of the work which the health visitors carried out during the year is summarised as follows:—

Sessions attended:—					Home visits to:—				
School clinics	...	...	...	773	School children	...	...	...	3,776
Ante-natal Clinics	...	...	...	225	Expectant mothers	...	...	...	1,595
Infant Welfare Centres	...	...	...	2,057	Infants under 1 year	...	...	...	28,125
Immunisation Clinics	...	...	...	196	Infants aged 1—5 years	...	...	...	41,315
Hospital Board Clinics	...	...	...	583	Mental defectives	...	...	...	2,988
School Medical Inspections	...	...	...	630	Tuberculous patients	...	...	...	2,148
Toddlers' Clinics	...	...	...	244	Psychiatric patients	...	...	...	379
Sunlight Clinics	...	...	...	381	Old people	...	...	...	1,948
					Patients discharged from hospital	.....			404
					Others	...	...	...	2,930
					Examination of school children (cleanliness)	...			83,047

IMMUNISATION AND VACCINATION

Vaccination against Smallpox

Once again it is possible to record an increase in the number of primary vaccinations. During the year 2,960 were carried out compared with 2,059 in 1957. In spite of this substantial increase the number vaccinated is still far too low. The number re-vaccinated during the year unfortunately fell by 207 compared with the previous year. In the following table the numbers of vaccinations and re-vaccinations are classified according to age groups and according to the county district in which they were carried out:—



*Vaccination and Re-Vaccination carried out during 1958*

District	Primary vaccination					Re-vaccinations				
	Age at date of vaccination					Age at date of vaccination				
	Under 1	1-5	5-15	15 or over	Total	Under 1	1-5	5-15	15 or over	Total
<b>Urban</b>										
Alford ... ..	15	2	—	6	23	—	—	—	5	5
Barton-upon-Humber	40	9	—	5	54	—	—	—	1	1
Brigg ... ..	35	5	6	35	81	—	—	1	6	7
Cleethorpes M.B.	175	44	22	45	286	—	3	2	19	24
Gainsborough ...	104	21	15	34	174	—	—	1	14	15
Horncastle ...	23	2	7	4	36	—	—	2	3	5
Louth M.B. ...	35	8	5	7	55	—	—	2	7	9
Mablethorpe and Sutton ... ..	39	11	3	14	67	—	1	—	1	2
Market Rasen ...	17	2	—	4	23	—	—	—	4	4
Scunthorpe M.B. ...	280	114	143	286	823	1	2	11	198	212
Skegness ... ..	51	22	3	12	88	—	—	2	18	20
Woodhall Spa ...	14	2	3	6	25	—	—	3	8	11
<b>Rural</b>										
Caistor ... ..	65	12	—	10	87	—	—	—	8	8
Gainsborough ...	54	20	3	15	92	—	—	1	9	10
Glanford Brigg ...	183	35	25	69	312	—	1	—	35	36
Grimsby ... ..	113	38	23	36	210	—	1	1	8	10
Horncastle ...	59	9	9	14	91	—	2	8	8	18
Isle of Axholme ...	32	6	2	15	55	—	—	—	6	6
Louth ... ..	112	25	7	14	158	1	—	7	7	15
Spilsby ... ..	60	18	2	25	105	—	—	—	4	4
Welton ... ..	69	22	7	17	115	—	2	—	7	9
Totals ...	1,575	427	285	673	2,960	2	12	41	376	431

**Immunisation against Diphtheria**

The number of children immunised against diphtheria by the use of a separate vaccine was 734, twenty-eight less than last year. The fact that there was a decrease does not, however, have any real significance as, as will be seen from tables appearing later in this report, there was a substantial increase in the number of children immunised against diphtheria by the use of a combined diphtheria and whooping cough vaccine and 1,132 children were protected against the disease by the use of a combined diphtheria, whooping cough and tetanus vaccine. The following table gives information relating to children immunised against diphtheria alone during the year:—

*Diphtheria immunisations carried out during 1958*

District	Primary injections		Reinforcing injections
	under five years of age	between 5 and 14 years of age	
<b>Urban</b>			
Alford ... ..	2	1	13
Barton-upon-Humber	2	20	37
Brigg ... ..	1	9	55
Cleethorpes Borough	33	56	235
Gainsborough ...	9	13	151
Horncastle ...	3	1	34
Louth ... ..	6	8	94
Mablethorpe and Sutton	10	13	68
Market Rasen ...	4	—	21
Scunthorpe Borough	67	153	575
Skegness ... ..	10	15	87
Woodhall Spa ...	—	1	24
<b>Rural</b>			
Caistor ... ..	12	17	173
Glanford Brigg ...	6	30	311
Gainsborough ...	1	18	158
Grimsby ... ..	13	34	150
Horncastle ...	8	25	194
Isle of Axholme ...	5	24	120
Louth ... ..	12	41	250
Spilsby ... ..	1	33	216
Welton ... ..	16	1	105
Total ...	221	513	3,071



The following table gives particulars of children who at any time between 1st January, 1944, and 31st December, 1958, had completed a course of immunisation against diphtheria.

*Number of children at 31st December, 1958, who had completed a course of immunisation at any time since 1st January, 1944*

Age at 31st Dec., 1958	Under 1	1—4	5—9	10—14	
Born in year	1958	1957—1954	1953—1949	1948—1944	Total under 15
Number immunised	446	11,195	19,053	19,762	50,456
Estimated mid-year child population, 1958	Children under 1 5,320	Children 1—4 20,880	Children 5—14 51,900		78,100

**Immunisation against Whooping Cough**

The following table gives details of children immunised against whooping cough during the year by the use of a separate vaccine. The total of 137 is 83 greater than the total for the previous year. The information in the table must of course be considered in conjunction with the details appearing later in this report in relation to immunisation against whooping cough by the use of combined vaccines.

*Whooping Cough immunisation, 1958*

District	Age at date of immunisation							
	Under One	One	Two	Three	Four	5—9	10—14	Total
<b>Urban</b>								
Alford ... ..	—	—	—	—	—	—	—	—
Barton-upon-Humber ...	—	—	1	—	—	—	—	1
Brigg ... ..	—	—	—	—	—	—	—	—
Cleethorpes Borough ...	26	9	—	3	1	6	—	45
Gainsborough ... ..	—	—	—	—	—	—	—	—
Horncastle ... ..	—	—	—	—	—	—	—	—
Louth Borough ... ..	—	—	—	—	—	—	—	—
Mablethorpe and Sutton	—	—	—	—	—	—	—	—
Market Rasen ... ..	7	2	—	—	—	—	—	9
Scunthorpe Borough ...	12	6	—	—	—	1	—	19
Skegness ... ..	2	—	—	—	—	—	—	2
Woodhall Spa ... ..	—	1	—	—	—	—	—	1
<b>Rural</b>								
Caistor ... ..	5	1	—	—	—	1	—	7
Gainsborough ... ..	—	—	—	—	—	—	—	—
Glanford Brigg ... ..	4	—	—	—	—	—	—	4
Grimsby ... ..	15	3	2	—	—	—	—	20
Horncastle ... ..	3	1	—	—	—	—	—	4
Isle of Axholme ... ..	—	—	—	—	—	—	—	—
Louth ... ..	11	8	—	—	1	1	—	21
Spilsby ... ..	1	—	—	—	—	—	—	1
Welton ... ..	1	—	—	—	—	2	—	3
Total ...	87	31	3	3	2	11	—	137

**Immunisation against Tetanus**

In 1957 the County Council introduced a scheme for the immunisation of persons of all ages against tetanus. During 1958, 166 persons were given primary immunisations and 28 received booster doses. Details are given in the following table and these details should also be considered in conjunction with the details appearing later in this report in relation to immunisation against tetanus by the use of combined vaccines:—

*Tetanus immunisation, 1958*

District	Primary Immunisations					Booster Immunisations				
	Age at date of immunisation					Age at date of immunisation				
	Under 1	1—4	5—14	15 or over	Total	Under 1	1—4	5—14	15 or over	Total
<b>Urban</b>										
Alford ... ..	—	—	—	—	—	—	—	—	—	—
Barton-upon-Humber	—	—	—	1	1	—	—	—	4	4
Brigg ... ..	—	—	—	—	—	—	—	—	—	—
Cleethorpes Borough	—	1	—	—	1	—	—	—	—	—
Gainsborough ...	—	—	—	—	—	—	1	—	—	1
Horncastle ...	—	2	2	1	5	—	1	2	—	3
Louth Borough ...	1	2	1	—	4	—	—	—	—	—
Mablethorpe and Sutton ... ..	5	6	—	—	11	—	—	—	—	—
Market Rasen ...	—	—	—	—	—	—	—	—	—	—
Scunthorpe Borough	—	1	2	1	4	—	—	—	—	—
Skegness ... ..	—	—	2	2	4	—	—	—	—	—
Woodhall Spa ...	—	—	—	—	—	—	—	—	—	—
<b>Rural</b>										
Caistor ... ..	—	—	3	2	5	—	—	1	1	2
Gainsborough ...	—	—	—	—	—	—	—	—	—	—
Glanford Brigg ...	—	—	—	2	2	—	—	—	—	—
Grimsby ... ..	—	7	9	4	20	—	—	—	1	1
Horncastle ...	—	1	3	4	8	—	—	—	—	—
Isle of Axholme ...	—	—	—	—	—	—	—	—	—	—
Louth ... ..	3	3	2	—	8	—	—	—	1	1
Spilsby ... ..	3	16	28	44	91	—	—	—	14	14
Welton ... ..	—	—	2	—	2	—	—	2	—	2
Total	12	39	54	61	166	—	2	5	21	28

**Immunisation by use of combined vaccines**

(a) *Diphtheria and Whooping Cough*

During the year, 1,123 children were given protection against diphtheria and whooping cough by the use of a combined vaccine. This total is 2,028 less than the total for the previous year. Details are given in the following table:—

*Combined Whooping Cough and Diphtheria immunisation carried out in 1958*

District	Under One	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten to Fourteen	Total
<b>Urban</b>												
Alford ... ..	13	5	—	—	—	—	—	—	—	—	—	18
Barton-upon-Humber	32	5	—	—	—	—	—	—	—	—	—	37
Brigg ... ..	25	5	1	—	—	—	—	—	—	—	—	31
Cleethorpes Borough	32	35	4	1	1	1	—	—	—	—	—	74
Gainsborough ...	30	10	2	—	—	—	—	—	—	—	—	42
Horncastle ...	12	4	—	—	—	—	—	—	—	—	—	16
Louth Borough ...	20	5	2	2	1	1	—	—	—	—	—	31
Mablethorpe & Sutton	36	4	—	—	—	—	—	—	—	—	—	40
Market Rasen ...	5	4	—	—	—	—	—	—	—	—	—	9
Scunthorpe Borough	104	90	13	6	2	8	1	—	—	—	—	224
Skegness ... ..	9	8	—	1	—	1	—	—	—	—	—	19
Woodhall Spa ...	1	1	1	1	—	—	—	—	—	—	—	4
<b>Rural</b>												
Caistor ... ..	20	7	1	1	—	—	—	—	—	—	—	29
Glanford Brigg ...	86	25	3	—	—	3	1	—	—	—	—	118
Gainsborough ...	30	15	3	2	2	3	1	—	—	—	—	56
Grimsby ... ..	27	18	1	—	—	4	1	—	—	1	1	53
Horncastle ...	35	19	2	—	—	—	—	—	—	—	—	56
Isle of Axholme ...	34	16	1	1	1	2	1	—	—	—	—	56
Louth ... ..	61	21	1	2	1	2	—	—	—	—	—	88
Spilsby ... ..	26	13	7	3	1	3	1	—	—	—	—	54
Welton ... ..	48	16	3	—	1	—	—	—	—	—	—	68
Total ...	686	326	45	20	10	28	6	—	—	1	1	1,123



(b) *Tetanus and Diphtheria*

The following table gives information relating to children immunised during 1958 against Diphtheria and Tetanus by the use of a combined vaccine.

*Tetanus and Diphtheria*

District	Under One	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten to Fourteen	Total
<b>Urban</b>												
Cleethorpes Borough	1	1	—	—	—	—	—	—	—	—	—	2
Market Rasen ...	2	1	—	—	—	—	—	—	—	—	—	3
<b>Rural</b>												
Caistor ... ..	2	7	—	—	1	—	—	—	—	—	—	10
Glanford Brigg ...	—	3	2	1	—	1	1	—	—	—	—	8
Grimsby ... ..	3	1	—	—	—	—	—	—	—	—	—	4
Louth ... ..	1	2	—	—	—	—	—	—	—	—	—	3
Total ...	9	15	2	1	1	1	1	—	—	—	—	30

(c) *Tetanus and Whooping Cough*

Only three children were vaccinated during 1958 with this combination of vaccine.

(d) *Diphtheria, Whooping Cough and Tetanus*

The following table gives information relating to children immunised during 1958 against Diphtheria and Tetanus by the use of a combined vaccine.

District	Under One	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten to Fourteen	Total
<b>Urban</b>												
Alford ... ..	5	1	—	—	—	—	—	—	—	—	—	6
Barton upon Humber	14	12	—	—	1	—	—	—	—	—	—	27
Brigg ... ..	7	2	—	—	—	—	—	—	—	—	—	9
Cleethorpes Borough	86	32	3	3	4	4	—	1	—	1	—	135
Gainsborough ...	118	13	1	2	—	—	—	—	—	—	1	134
Horncastle ...	17	7	—	1	—	1	1	—	1	—	—	28
Louth Borough ...	18	5	—	—	—	—	—	—	—	—	—	23
Mablethorpe & Sutton	8	1	—	—	—	—	—	—	—	—	—	9
Market Rasen ...	3	—	—	—	—	—	—	—	—	—	—	3
Scunthorpe Borough	114	55	3	1	—	4	—	—	—	—	1	178
Skegness ... ..	72	17	2	1	1	2	—	—	—	—	—	95
Woodhall Spa ...	6	—	—	—	—	—	—	—	—	—	—	6
<b>Rural</b>												
Caistor ... ..	49	2	1	1	—	—	—	1	—	1	—	55
Glanford Brigg ...	61	18	2	—	2	1	1	—	—	—	—	85
Gainsborough ...	26	3	1	—	—	—	—	—	—	—	—	30
Grimsby ... ..	56	28	1	1	3	5	1	—	—	—	—	95
Horncastle ...	26	7	—	—	—	—	—	—	—	—	—	34
Isle of Axholme ...	11	3	—	—	—	—	—	1	—	—	—	14
Louth ... ..	41	11	3	2	—	—	2	—	—	—	—	59
Spilsby ... ..	35	11	1	3	1	1	—	—	—	—	—	52
Welton ... ..	42	8	2	1	1	—	1	—	—	—	—	55
Total ...	815	236	20	16	13	18	6	3	1	2	2	1,132

**Vaccination against Tuberculosis**

The year 1958 was the first full year during which the County Council's scheme for the vaccination against tuberculosis of children between their thirteenth and fourteenth birthdays operated. The number of children eligible for vaccination was approximately 5,300 and the number whose parents consented to vaccination if found to be necessary was 2,812. Of this number 2,800 were skin tested and 2,346 vaccinated. The number of children who showed a positive reaction was 450, which is 16% of the number tested.



Under the scheme for offering vaccination, where considered necessary, to persons known to have been in, or likely to come into, contact with cases of tuberculosis, 361 persons were skin tested by the Chest Physicians, of whom 251 were found to be negative and vaccinated. In addition, 19 children were vaccinated without a skin test.

### Vaccination against Poliomyelitis

The scheme introduced in 1956 for vaccination against poliomyelitis was again extended in 1958. In September it was announced that persons born in the years 1933 to 1942 inclusive, babies who had reached the age of six months, hospital staffs and their families and medical students and their families were entitled to vaccination. At the same time the Minister of Health stated a third injection was to be offered to those who had received two injections, this third injection to be given not less than seven months after the second injection.

During the year the County Council received 14,600 c.c.s of British vaccine and 73,020 c.c.s. of Salk vaccine.

In 1958, 2,400 persons received a second injection, having received the first in the previous year, and 33,830 received their first and second injections.

The following table gives details relating to the 36,230 who during the year completed a course of two injections:—

Children born in the years 1943 to 1958	34,116
Persons born in the years 1933 to 1942	487
Expectant mothers ... ..	1,200
Ambulance staff and their families ...	173
General practitioners and their families ...	190
Hospital staff and their families ... ..	64

At the end of the year 2,887 persons had received the third injection, about 2,000 persons had received the first injection and about 2,100 were awaiting the first injection.

Since the commencement of the scheme in 1956, 50,333 persons had received two injections.

The response from those in the age group 1933 to 1942 has been extremely disappointing. In this age group there are about 50,000 persons and only 1,700 had been registered for vaccination.

### AMBULANCE SERVICE

The Ambulance Service in Lindsey continues to be operated jointly with the Fire Service, most of the personnel undertaking both fire fighting and ambulance service duties.

One new vehicle was introduced into the fleet during the year and at the end of the year the delivery of a further five new vehicles was awaited. All these new vehicles are small one-stretcher ambulances which can also be used for the conveyance of sitting cases. They were ordered to replace four large two-stretcher ambulances and two small one-stretcher vehicles, the change in the constitution of the fleet being considered advisable having regard to the number of sitting cases to be conveyed compared with the number of stretcher cases.

Twenty-one of the County Council's ambulances are equipped with radio, these vehicles being controlled by fixed stations established near Louth and Scunthorpe.

The following table gives details of the mileage travelled each year from 1948 to 1958 by the County Council vehicles, by the hospital car service and by vehicles of other authorities on behalf of the County Council:—

	5th July to 31st Dec., 1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Ambulances: Mileage	157,117	682,588	709,849	560,846	641,641	656,836	685,228	733,800	727,529	772,060	768,909
Hospital Car Service											
Mileage ...	85,833	221,049	339,511	511,923	426,735	499,199	532,826	443,697	400,701	332,446	339,820
Other Authorities:											
Mileage ... ..	4,757	21,333	43,382	43,666	48,000	46,699	50,661	48,227	46,754	45,086	47,447
Total Mileage ...	247,707	924,970	1,092,742	1,116,435	1,116,376	1,202,734	1,268,715	1,225,724	1,174,984	1,149,592	1,156,176

It will be seen that the total mileage showed an increase of 6,584 miles compared with the previous year, the mileage travelled by the County Council's own vehicles decreasing by 3,151 and the Hospital Car Service and other authorities increasing by 7,374 and 2,361 miles respectively.



The following table gives details of the cases dealt with by the County Council's Ambulance Service during the year ended 31st December, 1958:—

Station	Cases for admission to hospital			Cases for Out-patient treatment			Cases discharged and transferred from hospital or institution			Totals		
	Stretcher cases (1)	Sitting cases (2)	Total mileage (3)	Stretcher cases (4)	Sitting cases (5)	Total mileage (6)	Stretcher cases (7)	Sitting cases (8)	Total mileage (9)	Stretcher cases (10)	Sitting cases (11)	Total mileage (12)
Louth	758	378	23,531	223	13,490	120,775	124	539	15,583	1,105	14,407	159,889
Cleethorpes	1,280	376	20,567	1,730	8,969	65,750	303	449	8,581	3,313	9,794	94,898
Gainsborough	496	256	14,911	408	8,273	63,887	175	323	7,700	1,079	8,852	86,498
Scunthorpe	2,053	728	33,216	5,788	24,562	114,727	572	1,066	17,161	8,413	26,356	165,104
Skegness	739	585	26,410	246	6,366	60,186	225	716	16,353	1,210	7,667	102,949
Barton-upon-Humber	297	45	9,531	416	2,786	20,592	52	87	1,515	765	2,918	31,638
Horncastle	184	250	13,573	22	2,955	25,752	15	184	4,329	221	3,389	43,654
Mablethorpe	163	237	11,066	16	3,431	31,023	12	159	2,843	191	3,827	44,932
Market Rasen	276	53	10,139	107	2,378	27,148	33	71	2,060	416	2,502	39,347
Totals	6,246	2,908	162,944	8,956	73,210	529,840	1,511	3,594	76,125	16,713	79,712	768,909

Number of accident and emergency cases included in columns (10) and (11) ... 2,662

The following table gives details of cases conveyed by rail during 1958 and, for purposes of comparison, during 1954, 1955, 1956 and 1957. Efforts have been continued to send as many cases as possible by rail but it is becoming increasingly difficult to send stretcher cases in this way owing to the introduction of diesel trains which do not have suitable accommodation for this type of case. The number of stretcher cases conveyed in 1958 fell by five compared with 1957 whilst there was an increase of 66 in the number of sitting cases conveyed by rail.

	Stretcher cases	Sitting Cases	Rail miles	Mileage travelled by County Council ambulances and Hospital Car Service vehicles in conveying patients to and from stations
1958	70	802	73,348	6,842
1957	75	736	68,208	5,219
1956	54	542	50,709	4,909
1955	60	394	42,345	4,767
1954	54	365	42,837	4,768

The County Council have continued to use the Hospital Car Service for the conveyance of many of the sitting cases and during 1958 the number of cases conveyed and the number of miles travelled by this service increased by 1,796 and 7,374 respectively compared with 1957.

The arrangement with the Lincoln County Borough Council whereby their ambulance service covers an area of Lindsey to the north of Lincoln, containing approximately 97,300 acres and having a population of about 18,250, continued throughout the year, but discussion took place during the year which it was anticipated would lead early in 1959 to a revised agreement under which the County Council would assume in stages responsibility for the non-emergency work in this area and the Lincoln County Borough Council would only deal with the emergency cases.

In an area of Lindsey to the north of Boston, containing about 26,000 acres and having a population of about 3,500, the Holland County Council provide an ambulance service on behalf of the Lindsey County Council.

Details of cases dealt with by the Hospital Car Service, the Lincoln County Borough Council and the Holland County Council are given in the following table:—



Cases dealt with under arrangements with other authorities and by the Hospital Car Service:—

	Stretcher cases			Sitting cases			Total of cases (7)	Total of journeys (8)	Total mileage (9)
	No. of cases (1)	No. of journeys (2)	mileage (3)	No. of cases (4)	No. of journeys (5)	mileage (6)			
1. Lincoln County Borough Council ...	980	577	11,767	3,237	1,101	34,521	4,217	1,678	46,288
2. Holland County Council ...	40	40	828	26	20	331	66	60	1,159
3. Hospital Car Service ...				16,620	9,315	339,820	16,620	9,315	339,820
Totals ...	1,020	617	12,595	19,883	10,436	374,672	20,903	11,053	387,267

Number of accident and emergency journeys included in column (8) ... 233

Personnel and Vehicles

The following table gives details, station by station, of the number of personnel employed and the number of vehicles in use at 31st December, 1958, as compared with the establishment fixed by the County Council. The third main column relates only to paid female attendants. In addition, the County Council use as female attendants persons who are prepared to act in this capacity without pay, receiving only subsistence and travelling expenses.

Station	Whole-time Men		Retained Men		Female Attendants		Ambulances	
	Establishment	Number employed	Establishment	Number available	Establishment	Number enrolled	Establishment	Available for use
Louth ...	9	9	15	14	7	7	5 plus 2 sitting Case Cars and 2 spares	5 plus 2 Sitting case cars and 1 spare
Cleethorpes ...	9	9	12	9	7	3	5	5
Gainsborough ...	6	6	12	10	7	2	4	4
Scunthorpe ...	14	14	9	9	7	3	9	9
Skegness ...	6	6	12	12	7	3	4	4
Barton-upon-Humber	2	2	12	12	3	2	1	1
Horncastle ...	2	2	12	11	3	—	1	1
Mablethorpe ...	2	2	12	12	3	2	1	1
Market Rasen ...	2	2	12	10	3	1	1	1
Totals ...	52	52	108	99	47	23	31 plus 2 sitting Case Cars and 2 spares	31 plus 2 Sitting case cars and 1 spare

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

The environmental circumstances of each newly notified case of tuberculosis are investigated by the health visitors and reports are forwarded to the local chest physicians. The health visitors assist in arranging for the patients and contacts to attend the nearest chest clinic. All cases of tuberculosis are visited periodically and any adverse changes in the home circumstances notified to the chest physician. Unsatisfactory housing and sanitary conditions are also reported to the District Council concerned. Chest physicians make recommendations to the local health authority in connection with the provision of rehabilitation, open-air shelters, extra nourishment and other matters in which they think the authority may be able to help.

One open-air shelter was in use at the end of the year.

The County Council have a scheme for the admission of patients to the Papworth Village Settlement and at the end of the year one Lindsey patient was being maintained there.

The arrangements which the County Council made some time ago for the medical or X-ray examination of staff whose duties bring them into close contact with children continued during 1958. The number of staff X-rayed under these arrangements during the year was 179 and the number examined without X-ray was 288. All members of such staff are encouraged to undergo X-ray examination through the mass radiography unit as and when they have the opportunity.



During the year arrangements were made for 691 persons who had been in contact with cases of tuberculosis to be examined giving a ratio of 3.99 for each new case of tuberculosis reported.

The County Council provided during the year extra nourishment, consisting of milk and eggs, in 44 cases where such provision was recommended by the chest physician and where the financial circumstances of the recipients were such that they could not afford to purchase it themselves.

Dr. J. Bauer, Medical Director of the Lincolnshire Mass Radiography Unit, has forwarded the following details relating to the work of the unit in Lindsey during the year:—

	Males	Females	Total
Miniatures taken ... ..	2,255	3,163	5,418
Recalled for large films ... ..	40	38	78
Recalled for clinical examination... ..	31	28	59
Referred to Chest Clinic ... ..	11	5	16
Referred to own doctor ... ..	4	13	17
Cases of bronchiectasis ... ..	—	1	1
Cases of pneumokoniosis ... ..	—	—	—
Cases of neoplasm ... ..	—	—	—
Cases of cardiac abnormality ... ..	8	13	21
Cases of active pulmonary tuberculosis ... ..	4	1	5
Cases of post primary inactive pulmonary tuberculosis ... ..	1	2	3
Observation ... ..	4	1	5

**Loan of equipment**

Equipment required in the routine nursing of patients is held by the district nurses and supplied on loan as required. Other articles of equipment requested by the doctors or nurses are supplied direct from the County Health Department and details of issues from headquarters during 1958 are given below:—

<i>Equipment</i>	<i>No. of patients supplied</i>
Wheel chairs ... ..	76
Dunlopillo mattresses ... ..	52
Spinal carriages ... ..	5
Bedsteads ... ..	9
Crutches ... ..	20
Commodes ... ..	15
Self-lifting poles ... ..	2
Fracture boards ... ..	2
Special walking aids ... ..	3
Rubber bed pan ... ..	1

**Convalescence**

The number of patients admitted under the Council’s scheme to convalescent homes for a recuperative holiday was 10, compared with 11 in 1957. The average stay of the patients admitted in 1958 was 3.3 weeks.

**Problem Families**

Under the County Council’s scheme for dealing with problem families, the health visitors have been designated as the caseworkers with the responsibility of taking charge of problem families in their area, exercising supervision over them, ensuring that these families know how to make full use of the various services available to them and helping them to achieve a better standard of life.

Selected domestic helpers can be sent into households where there is a need for someone to help the mother with the housework and to show her by practical demonstration how to do the work herself. Domestic help so provided is free of charge except insofar as householders offer to make some payment for the service provided.

Where there is found to be a need for cooking utensils, children’s bedding and clothing, etc., and where the need cannot be met by the parents, the National Assistance Board or by voluntary organisations, such necessary equipment is provided by the County Council.

Sitters-in can be employed by the County Council to go into homes to care for children both during the day time and the night time in cases where, because of illness or for some other acceptable reason, the parents are not able to look after them. Persons availing themselves of the services of a sitter-in are required to contribute towards the cost of the service according to their means.

During the year domestic help was provided in 3 cases involving 870 hours, sitters-in were employed in 8 cases involving 1,205 hours and equipment was provided on loan for 9 families as detailed below:—

Waterproof sheeting	1 family
Beds and/or bedding	7 families
Towelling	1 family
Crockery and/or cutlery	2 families
Cooking utensils	2 families
Fireguard	1 family

**Sitter-in Service**

Under the County Council’s scheme for providing sitters in for old people to make it possible for them to continue to live in their own home, 21,493 hours were put in by sitters-in compared with 26,241 hours in 1957. Sitters-in were provided in 47 cases compared with 61 in 1957.

**DOMESTIC HELP SERVICE**

There was a further increase in the use made of the County Council’s domestic help service although the increase was the lowest in any year since the service started in 1948.

One thousand, four hundred and ninety-nine applications for help were investigated and help was provided in 1,085 cases compared with 1,488 and 1,029 respectively during 1957. The County Council only employ part-time helpers and their number increased from 355 to 417.

The following table shows, in terms of hours for which helpers were employed, how the service has grown since it came into operation under Section 29 of the National Health Service Act, 1946:—

Year	No. of hours of help supplied
July to Dec. 1948	6,801
1949	28,213
1950	50,255
1951	70,768
1952	90,444
1953	104,314
1954	133,261
1955	165,892
1956	206,700
1957	256,984
1958	263,336

The following table shows the classification of the cases in which help was provided in 1958 and the number of hours put in by domestic helpers on these cases:—

Category	No. of cases	Total No. of hours worked
Maternity ...	66	3,980
Tuberculosis ...	6	1,315
Chronic Sick ...	312	93,136
Aged and Infirm	584	145,082
Others ...	117	19,823
Total	1,085	263,336

There was an increase of about 16% in the hours allocated to the aged and infirm and a decrease of about 34% and 12% respectively in the hours allocated to persons suffering from tuberculosis and to the chronic sick.



## MENTAL HEALTH SERVICE

The interest aroused in 1957 when the report of the Royal Commission appointed to enquire into the law and administrative machinery relating to mental illness and mental deficiency was maintained throughout 1958. The recommendations made by the Royal Commission were discussed at countless conferences and meetings throughout the country and two most important issues affecting local authorities figures prominently in these discussions. Firstly there was much speculation on the question of what types of cases hitherto provided with accommodation by the hospital authorities would now fall to be dealt with by the local authority. Secondly, there was the question of how the considerable expansion of local authority services, which was inevitable if the recommendations of the Royal Commission were adopted, would be financed. By the end of the year the position regarding the financing of the expansion had been made clearer, as the Government had announced that in determining the block grant for the two financial years 1959/60 and 1960/61 account would be taken of the increased expenditure which local authorities would have to face in order to develop their mental health services. Clarification of the other issue is, however, still awaited.

Whilst it was obvious that nothing could be done towards implementing some of the recommendations of the Royal Commission until new legislation had been passed, the Minister of Health indicated that effect could be given to other recommendations within the scope of existing legislation. In January a circular was issued to local health authorities in which it was stated that under present law patients could be admitted to mental deficiency hospitals and certified institutions without using the procedures laid down in the Mental Deficiency Acts which authorise detention and that the Minister and the Board of Control hoped that in all suitable cases patients would be admitted on this informal basis. This procedure has been adopted wherever appropriate in connection with the admission of Lindsey patients to mental deficiency hospitals and, during the year, 19 mental defectives were admitted in this way.

The Minister, accepting the Royal Commission's recommendation that so far as possible community care services should be available to patients without compulsion, asked local health authorities to review the cases of those patients from their areas who were the subject of guardianship orders and to recommend to the Board of Control the discharge of the orders in those cases where supervision was considered sufficient. The County Council's Mental Health Sub-Committee reviewed five guardianship cases during the year and in three of them recommended that the orders should be discharged. These recommendations were accepted by the Board of Control.

During the year the Mental Health Sub-Committee considered the recommendations of the Royal Commission and what action it would be appropriate for the County Council to take.

When the Council's scheme for the provision of a Mental Health Service was approved by the Minister of Health ten years ago provision was made for the appointment of a Senior Medical Officer on the staff of the Health Department to undertake mental health duties. The scheme also made provision for the employment by the County Council of specialists in psychiatry in a part-time capacity and for the employment also of a psychiatric social worker. For various reasons unfortunately none of these proposals were put into effect and very little indeed has been done by the Council in the past to provide help for mentally ill persons in their own homes, an omission in which this Council are by no means alone.

Insofar as the social work with mentally ill persons is concerned, it is recognised that not only are trained psychiatric social workers in very short supply, but that health visitors can readily undertake much of this kind of work in connection with mentally ill persons after having received suitable basic training. A course of lectures was therefore arranged for all the health visitors in the County and these were held at the County Offices on a series of Saturday mornings throughout the summer. Basic psychiatric principles were covered by Dr. W. A. S. Falla, the Medical Superintendent of Bracebridge Heath Hospital, while lecturers from further afield came to talk on special subjects. Dr. Duncan Macmillan, Physician Superintendent, Mapperley Hospital, Nottingham, described the widely known mental health service in his area where there is close co-operation between Hospital and Local Health Authority; Dr. Joshua Carse, Medical Superintendent of Graylingwell Hospital, Chichester, described the "Worthing Experiment"—a means by which hospitals admissions from the Worthing area to his Mental Hospital in Chichester were considerably reduced, and Dr. David Stafford-Clark described the problem of psychopathic personality. The course was most successful and well attended by both health visitors and many others, including Assistant County Medical Officers interested in mental health. Subsequently, the health visitors have been able to expand their activities in this field and now work in closer association with the psychiatrists than they had been doing before.

Social workers in the field of mental health have to cope with complex problems. For example, they should help people involved in personal problems associated with potential psychiatric breakdown, and they should help those who have been in hospital to adjust themselves to community life, help them to get jobs, help to restore broken social contacts and make the best use of available services. Many such problems can be coped with by health visitors and the duly authorised officers, but the need for an experienced social worker or social workers was recognised to help with the more difficult problems. The mental Health Sub-Committee therefore recommended that to begin with a senior mental welfare officer be appointed and he is expected to take up his duties during 1959. The Sub-Committee also recognised that it is essential for any social worker in the mental health field to be employed only under expert medical staff to avoid being placed in a position for which he or she is not equipped. This was emphasised in a joint report on mental health legislation prepared by the Society of Medical Officers of Health and the Royal Medico-Psychological Associa-



tion. In view of this and also of the impending general expansion of their mental health services, the Sub-Committee also recognised that it would be essential to fill the vacancy on the staff of the Health Department which had existed since 1948 for a medical officer for mental health duties.

So as to foster understanding between hospital and local health authorities, the County Medical Officer of Health is a member of the Group Medical Committee of the two mental hospitals serving the area; but in order that the liaison between hospital and local health authority might be further strengthened the Medical Superintendent of Bracebridge Heath Hospital is invited to attend meetings of the Mental Health Sub-Committee in an advisory capacity, and the County Medical Officer is similarly invited to attend meetings of the Hospital House Committees.

### Mental Deficiency

The names of 34 mental defectives were added to the register during the year. The names of 20 cases were removed from the register either because of death or removal from the County or because they were no longer considered to be mentally defective within the meaning of Section 1 of the Mental Deficiency Act, 1927.

The total number of mental defectives whose names were on the register at the end of the year was 1,188 compared with 1,174 at the end of the previous year.

Of the 34 new cases reported, 19 were children who had been found to be ineducable and had been referred by the Education Authority.

The 1,188 cases registered as mental defectives were placed in the following categories:—

Under Statutory Supervision	558	(including 114 cases on waiting list for institution)
In Institutions ... ..	459	
Under Guardianship ... ..	5	
Under Voluntary Supervision	166	

### Supervision

The County Council's health visitors exercise supervision over defectives in their own homes and during the year they paid 2,988 visits in this connection.

### Institutional Care

There is still a serious shortage of institutional accommodation but it is pleasing to be able to record that the number on the waiting list decreased from 136 at the end of 1957 to 114 at the end of 1958. It should be mentioned, however, that 57 of these were classed as cases in urgent need of admission for which the Regional Hospital Board had no accommodation to offer. It remains to be seen what effect further development of services for community care will have on this waiting list.

Advantage was again taken of the provisions of Ministry of Health Circular 5/52 to secure the admission of cases to institutions for short periods in order to afford temporary relief to parents. During 1958, 12 vacancies were obtained for these cases.

### Guardianship

The number of cases under guardianship decreased from 8 at the end of 1957 to 5 at the end of 1958.

### Occupation and Training

Although much had already been done by the County Council in providing occupation centres for mental defectives, the service was further extended during the year by the admission of some Lindsey cases to the Lincoln Corporation's centre and the Mental Health Sub-Committee had under consideration at the end of the year the provisions of an additional centre at Horncastle and ways and means of improving facilities in Louth where the centre is highly unsatisfactory.

The numbers in attendance at the end of the year were as follows:—

Gainsborough	17	Skegness	27
Louth	31	Scunthorpe	55
Grimsby	15	Lincoln	8

The County Council employ one home teacher to visit and give instruction in their homes to some of those mental defectives who are not able to attend an occupation centre.

During the year two trainees recruited under the County Council's scheme for training supervisory staff for occupation centres completed their training, one taking up appointment as assistant supervisor at Louth, and the other as Supervisor at the Gainsborough centre. One trainee commenced a course of instruction during the year.

Dental inspections and treatment were carried out at the Scunthorpe, Louth and Skegness Occupation Centres. It is interesting to note that the standard of dental health appears to be better than amongst school children and the acceptance rate is higher.

Brief details of treatment provided are given below:—

<i>Inspected</i>	<i>Treated</i>	<i>Fit</i>	<i>Refused treatment</i>	<i>Extractions</i>	<i>Fillings</i>	<i>Other Operations</i>	<i>General Anaesthetics</i>
78	32	35	11	58	29	49	7



Particulars of cases on the register of mental defectives at the end of the year are given in the following table:—

		Under age 16		Aged 16 and over		Total
		M	F	M	F	
<b>1. Particulars of cases reported during 1958</b>						
(a) Cases ascertained to be defectives						
"Subject to be dealt with" ... ..						
Number in which action taken on reports by:—						
(1) Local Education Authorities on children						
(i) While at school or liable to						
attend school ... ..						
(ii) On leaving special schools ...						
(iii) On leaving ordinary schools ...						
(2) Police or by Courts ... ..						
(3) Other sources ... ..						
(b) Cases reported who were found to be						
defectives, but were not regarded as						
"subject to be dealt with" on any						
ground ... ..						
(c) Cases reported who were not regard-						
ed as defectives or in which action						
was incomplete at 31st December,						
1958, and are thus excluded from						
(a) or (b) ... ..						
Total ... ..						
<b>2. Disposal of cases reported during 1958</b>						
(a) Of the cases ascertained to be defect-						
ives "subject to be dealt with" (i.e. at						
1 (a)), number ... ..						
(i) Placed under Statutory Super-						
vision ... ..						
(ii) Placed under Guardianship ...						
(iii) Taken to "Places of Safety" ...						
(iv) Admitted to Hospitals ...						
(b) Of the cases not ascertained to be						
defectives "subject to be dealt with"						
(i.e. at 1 (b)), number ... ..						
(i) Placed under Voluntary Super						
vision ... ..						
(ii) Action unnecessary ... ..						
Total ... ..						
<b>3. Number of mental defectives for whom</b>						
<b>care was arranged by the local health</b>						
<b>authority under Circular 5/52 during</b>						
<b>1958 and admitted to</b> ... ..						
(a) National Health Service hospitals ...						
(b) Elsewhere ... ..						
Total ... ..						
<b>4. Total cases on Authority's Registers at</b>						
<b>31st December, 1958</b> ... ..						
(i) Under Statutory Supervision ...						
(ii) Under Guardianship ... ..						
(iii) In "Places of Safety" ... ..						
(iv) In Hospitals ... ..						
(v) Under Voluntary Supervision ...						
Total ... ..						
<b>5. Number of defectives under Guardian-</b>						
<b>ship on 31st December 1958 who were</b>						
<b>dealt with under the provisions of Sec-</b>						
<b>tion 8 or 9, Mental Deficiency Act, 1913</b>						
<b>(included in 4 (ii))</b> ... ..						

					Under age 16		Aged 16 and over		Total	
					M	F	M	F		
<hr/>										
<b>6. Classification of defectives in the Community on 31st December, 1958 (according to need at that date) ... ..</b>										
(a) Cases included in 4(i)-(iii) in need of care and reported accordingly to the hospital authority ... ..										
<b>(1) In urgent need of hospital care:—</b>										
(i)	“cot and chair” cases	...	...		1	6	2	3	12	
(ii)	ambulant low grade cases	...	...		1	2	6	1	10	
(iii)	medium grade cases	...	...		1	6	9	7	23	
(iv)	high grade cases	...	...		1	1	6	4	12	
<hr/>										
Total urgent cases					...	4	15	23	15	57
<b>(2) Not in urgent need of hospital care:</b>										
(i)	“cot and chair” cases	...	...		2	1	2	4	9	
(ii)	ambulant low grade cases	...	...		2	3	4	—	9	
(iii)	medium grade cases	...	...		3	1	18	5	27	
(iv)	high grade cases	...	...		—	1	5	6	12	
<hr/>										
Total non-urgent cases					...	7	6	29	15	57
<hr/>										
Total					...	11	21	52	30	114
<hr/>										
(b) Of the cases included in items 4 (i), (ii) and (v), number considered suitable for:—										
(i)	occupation centre	...	...		74	59	40	53	226	
(ii)	industrial centre	...	...		—	—	—	—	—	
(iii)	home training	...	...		1	2	3	9	15	
<hr/>										
Total					...	75	61	43	62	241
(c) Of the cases included in 6(b), number receiving training on 31/12/58:—										
(i)	In occupation centre	...	...		65	48	12	28	153	
(ii)	In industrial centre	...	...		—	—	—	—	—	
(iii)	At home	...	...		—	—	—	—	—	
<hr/>										
Total					...	65	48	12	28	153

## Lunacy and Mental Treatment Acts

The Local Health Authority is responsible, through their Authorised Officers, for taking what proceedings are necessary under the Acts to provide care and treatment in hospital for persons suffering from mental illness. These Officers are mainly concerned in cases where certification and the making of statutory orders are necessary though they advise and assist in cases of voluntary admission.

The following is a summary of the cases dealt with in 1958.

Cases investigated	...	...	...	...	...	...	...	...	...	296
Admitted to mental institutions as certified patients under Section 16, Lunacy Act, 1890	...	...	...	...	...	...	...	...	...	115
Admitted to mental institutions on "Three Day Order" under Section 20, Lunacy Act, 1890	...	...	...	...	...	...	...	...	...	19
Admitted to mental institutions on "Fourteen Day Order" under Section 21, Lunacy Act, 1890	...	...	...	...	...	...	...	...	...	110
Admitted to mental institutions as voluntary patients under Section 1, Mental Treatment Act, 1930	...	...	...	...	...	...	...	...	...	10
Admitted to mental institutions as temporary patients under Section 5, Mental Treatment Act, 1930	...	...	...	...	...	...	...	...	...	—
No action taken	...	...	...	...	...	...	...	...	...	42

When patients needing after-care are discharged from mental hospitals, the medical superintendents notify the local authority whose health visitors carry out visits in some cases when requested and forward reports to the hospital superintendents. In 1958, 26 new cases were referred from hospital and the health visitors carried out 379 visits. The total number of cases under supervision was 42.



## NOTIFIABLE DISEASE

The following table gives details of notifications of infectious diseases made to district medical officers of health during 1958. The total number of cases notified is more than 2,000 less than the total for the previous year, due mainly to a decrease of 546 and 1,605 in the notifications of whooping cough and measles respectively.

*Notified Cases of Infectious Diseases in Urban and Rural Districts, 1958*

	Total number notified	Scarlet Fever	Whooping Cough	Acute Poliomyelitis (Paralytic)	Acute Poliomyelitis (Non-Paralytic)	Measles	Diphtheria and Membranous Croup	Dysentery	Meningococcal Infection	Pneumonia	Acute Encephalitis (Infective)	Acute Encephalitis (Post-Infectious)	Erysipelas	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Malaria (Believed to be contracted abroad)	Tuberculosis Respiratory	Tuberculosis Other Forms
<b>Urban</b>																			
Alford ... ..	66	—	—	—	—	57	—	—	—	5	—	—	—	3	—	—	—	1	—
Barton-upon-Humber ...	18	—	1	—	—	6	—	—	—	9	—	—	1	—	—	—	—	1	—
Brigg ... ..	110	26	1	—	—	65	—	7	—	3	—	—	—	—	1	—	—	5	2
Cleethorpes Borough ...	381	49	10	—	—	254	—	8	—	16	—	—	6	5	7	—	—	22	4
Gainsborough ... ..	421	28	2	—	—	382	—	—	—	6	—	—	1	—	—	—	—	—	2
Horncastle ... ..	29	1	11	—	—	—	—	4	—	12	—	—	—	—	—	—	—	1	—
Louth Borough ... ..	37	—	7	—	—	15	—	1	—	1	—	—	—	—	5	—	1	6	1
Mablethorpe & Sutton ...	20	1	—	—	—	19	—	—	—	—	—	—	—	—	—	—	—	—	—
Market Rasen ... ..	12	—	1	8	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scunthorpe Borough ...	1,676	88	120	1	1	1,332	—	72	5	17	1	2	3	1	3	—	1	23	6
Skegness ... ..	53	11	—	—	—	33	—	1	—	1	—	—	—	—	1	—	—	6	—
Woodhall Spa ... ..	48	—	—	—	—	41	—	—	—	5	—	—	1	—	1	—	—	—	—
	2,871	204	153	9	4	2,204	—	93	5	75	1	2	12	9	18	—	2	65	15
<b>Rural</b>																			
Caistor ... ..	112	36	21	6	2	26	—	—	—	7	—	1	1	6	—	—	—	5	1
Gainsborough ... ..	226	6	—	5	—	211	—	1	—	—	—	—	1	—	1	—	—	1	—
Glanford Brigg ... ..	440	38	29	2	—	325	—	20	1	15	—	—	—	3	—	—	—	5	2
Grimsby ... ..	111	4	20	1	—	62	—	1	—	3	—	—	1	7	—	—	—	8	4
Horncastle ... ..	250	20	34	—	—	163	—	2	—	22	—	—	2	2	1	—	—	3	1
Isle of Axholme ... ..	14	3	—	—	—	4	—	—	—	—	—	—	—	2	—	—	—	5	—
Louth ... ..	309	2	36	—	—	246	—	5	—	11	—	—	3	—	—	—	—	5	1
Spilsby ... ..	202	5	2	2	1	162	—	—	—	14	—	—	1	2	1	1	—	10	1
Welton ... ..	278	—	3	3	—	235	—	25	—	2	—	—	1	4	—	—	—	3	2
	1,942	114	145	19	3	1,434	—	54	1	74	—	1	10	26	3	1	—	45	12
<b>Total for County</b> ...	4,813	318	298	28	7	3,638	—	147	6	149	1	3	22	35	21	1	2	110	27

### Poliomyelitis

Thirty five cases of poliomyelitis were reported, of which 28 were paralytic and 7 non-paralytic. The corresponding figures for 1957 were 22 and 8. Of the paralytic cases 9 occurred in children under 5 years of age, 8 in children of school age and 11 in adults. Of the non-paralytic cases 4 occurred in children under 5 years of age, 2 in school children and 1 in an adult.

The cases were mainly centred in the Market Rasen Urban and the Caistor Rural Districts.

### Ophthalmia Neonatorum

One case was notified during the year and a follow-up of this case showed there was no impairment of vision.

### Diphtheria

Once again it is possible to report that no case of diphtheria was notified during the year.

Acute Rheumatism

By virtue of the Acute Rheumatism Regulations, Lindsey is an area where cases of acute rheumatism occurring in persons under the age of 16 years must be notified and the following table gives details of cases notified during 1958. The total number of notifications received was 12, which was also the total for 1957.

Tabulation by age, sex and clinical classification of cases notified as Acute Rheumatism during 1958

Clinical classification of cases notified	Age in years								Total all ages		both Sexes
	0-4		5-9		10-14		15 and over				
	M	F	M	F	M	F	M	F	M	F	
1. Rheumatic pains and/or arthritis without heart disease ... ..	2	—	2	—	1	1	—	1	5	2	7
2. Rheumatic heart disease (Active)											
(a) with polyarthritis ...	—	—	1	—	—	—	—	—	1	—	1
(b) with chorea... ..	—	—	—	—	—	—	—	—	—	—	—
3. Rheumatic Heart Disease (Quiescent) ... ..	—	—	—	—	—	—	—	—	—	—	—
4. Rheumatic Chorea ...	—	—	—	—	1	—	—	—	1	—	1
Total Rheumatic Diseases	2	—	3	—	2	1	—	1	7	2	9
5. Congenital Heart Disease	—	—	—	—	—	—	—	—	—	—	—
6. Other Non-Rheumatic Heart Disease or disorder	—	—	—	—	—	—	—	—	—	—	—
7. Non-Rheumatic or cardiac Disease ... ..	—	—	1	—	2	—	—	—	3	—	3
Total Non-Rheumatic Diseases ... ..	—	—	1	—	2	—	—	—	3	—	3

Tuberculosis

The following table gives particulars of the incidence of tuberculosis during the years 1937 to 1958. The number of cases reported in 1958 was 173 a decrease of 16 compared with the previous year. The number of persons dying from tuberculosis who had not been notified during life as tuberculous was 7 compared with 5 in 1957.

Cases of tuberculosis reported from all sources, 1937-1958

Year	Respiratory	Non-Respiratory
1937	242	105
1938	264	118
1939	241	118
1940	230	106
1941	198	118
1942	226	106
1943	252	113
1944	253	105
1945	305	104
1946	300	91
1947	311	78
1948	267	80
1949	211	52
1950	219	57
1951	250	60
1952	234	43
1953	224	45
1954	220	40
1955	178	24
1956	168	44
1957	168	21
1958	140	33



The following tables classify the cases according to age, sex and type of case:—

*Summary of formal notifications during the period from the 1st January to 31st December, 1958*

Age periods	Formal Notifications														Total (all ages)
	0–	1–	2–	5–	10–	15–	20–	25–	35–	45–	55–	65–	75 and upwards		
Respiratory Males ... ..	—	—	1	3	2	5	14	12	15	9	14	2	2	79	
Respiratory Females ... ..	—	—	1	1	3	3	5	6	8	1	1	1	1	31	
Non-respiratory Males ... ..	—	—	1	1	1	1	—	3	1	—	3	1	—	12	
Non-respiratory Females ... ..	—	—	—	3	1	1	2	4	1	3	—	—	—	15	

*New cases coming to the notice of the Medical Officer of Health during the year, otherwise than by formal notification*

Age periods	0–	1–	2–	5–	10–	15–	20–	25–	35–	45–	55–	65–	75 and upwards	Total Cases
Respiratory Males ... ..	—	—	—	—	—	—	2	2	2	2	1	2	1	12
Respiratory Females ... ..	—	—	1	—	1	2	8	2	3	—	—	1	—	18
Non-respiratory Males ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-respiratory Females ... ..	—	—	—	1	—	—	1	—	1	2	1	—	—	6

**Venereal Disease**

The following tables give details relating to the incidence of venereal disease. The number of cases of syphilis and gonorrhoea under treatment in 1958 was 101 compared with 125 in the previous year.

*New cases reported each year since 1943*

Year	Syphilis	Gonorrhoea	Total
1943	74	156	230
1944	78	132	210
1945	85	115	200
1946	130	220	350
1947	166	196	362
1948	72	122	194
1949	59	63	122
1950	63	46	109
1951	49	42	91
1952	37	44	81
1953	18	43	61
1954	33	36	69
1955	18	31	49
1956	14	32	46
1957	22	49	71
1958	17	33	50

*Number of cases of syphilis and gonorrhoea under treatment during the year 1958 at clinics situated in the County*

Clinic	Syphilis	Gonorrhoea	Total
Gainsborough ... ..	15	11	26
Louth ... ..	11	—	11
Scunthorpe ... ..	35	19	54
Skegness ... ..	5	5	10
Total ... ..	66	35	101

## WELFARE OF HANDICAPPED PERSONS

### Handicapped Persons (General classes)

As the Lindsey County Council were one of the last authorities to introduce a scheme for the welfare of physically handicapped persons, it was possible to take advantage in some respects of the experience of others in setting up a scheme on sound principles. One of these principles which members of the Health Committee have kept to the foreground has been the necessity to make the best possible use of voluntary help where available. Great care has therefore been taken, not only to avoid any replacement of voluntary effort by statutory services but to enhance voluntary effort with the utmost encouragement. In spite of this, however, an efficient service cannot be achieved without employment of an adequate number of trained staff, and unfortunately the Council were unable to see their way to appoint more than one social worker and one occupational therapist during the first year. As stated below, it was not possible to cope satisfactorily with the demand on the service. This has now been recognised and it is hoped that the situation will be alleviated by the appointment of more staff during 1959.

On 1st April, 1958, the County Council's scheme for the welfare of handicapped persons, other than the blind and partially sighted and the deaf and dumb, came into operation. A senior social worker was appointed and his most important duty in this first year of the operation of the scheme was to conduct a survey in order to ascertain the number of handicapped persons who were eligible and wished to be registered with the County Council. General practitioners, hospitals, the National Assistance Board, the Ministry of Labour, the Ministry of National Insurance and the County Council's health visiting staff were all informed that a scheme was in operation and were asked to supply particulars of all cases which they considered came within any of the categories of handicap laid down in the County Council's scheme.

By the end of December, 1958, 363 persons had been referred. Of this number, 225 were registered with the County Council, 5 were considering whether to apply for registration, 46 were found, for various reasons, not to be eligible for registration and the remaining 84 had still to be visited. During the year, two of those registered died and one left the County.

Details of persons registered are given in the following table:—

*Medical Research Council Code										† Ministry of Labour Groups	
A/E	F	G	H/L	Q/T	V	U/W	X	Y	Z		
2	3	1	1	3	13	—	1	1	—	A	25
—	3	2	5	3	25	—	3	1	1	B	43
—	—	—	—	—	1	—	—	—	—	C	1
4	29	3	13	8	79	5	5	4	1	D	151
—	—	—	1	—	4	—	—	—	—	E	5
6	35	6	20	14	122	5	9	6	2	Total	225

\*Medical Research Council Code:—

A/E Amputation.

F Arthritis and rheumatism

G Congenital malformations and deformities

H/L Diseases of the digestive and genito-urinary systems, heart or circulatory system, respiratory system (other than tuberculosis) and skin.

Q/T Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or disease (other than tuberculosis) of the upper/lower limbs and spine

V Organic nervous diseases.

U/W Neurosis.

X Tuberculosis (respiratory).

Y Tuberculosis (non respiratory).

Z Diseases and injuries not specified above.

†Ministry of Labour Groups:—

A Handicapped persons (other than children) who though possibly needing training are capable of work under ordinary industrial conditions.

B Handicapped persons (other than children) who are mobile and capable of work in sheltered workshops.

C Handicapped persons (other than children) who are capable of work at home.

D Handicapped persons (other than children) not available for work.

E Children under the age of 16 years.



It soon became obvious, because of the rate at which cases were referred for registration, that, during the first year, the senior social worker would have to devote most of his time to the investigation of these cases and that he would not be able to establish a system of regular visiting which is an essential part of a service for the welfare of the handicapped and that it would be difficult to do much more than deal with any major problems which came to light at the time the handicapped persons were being registered. In this latter connection, advice was given by the social worker to handicapped persons to help them to solve personal problems, to make them aware of the various social, financial and medical services available to them and to assist them to make the best of their handicap. Cases have been taken up with the Ministry of Health, the Ministry of National Insurance and the National Assistance Board with a view to ensuring that handicapped persons get the financial and other assistance to which they are entitled. For some handicapped persons assistance has been obtained from voluntary organisations. The County Council have carried out or assisted with the cost of structural adaptations at the homes of some handicapped persons to enable them to move about more easily or to make use of wheel chairs.

In addition to the appointment of a social worker, the County Council appointed a senior occupational therapist, whose initial task was to organise and develop a scheme for providing occupation therapy either at the homes of the handicapped persons or at centres which it is hoped to establish eventually. At the end of the year, 130 of those registered with the County Council had expressed a desire to undertake occupational therapy, 61 had been visited by the occupational therapist and occupational therapy had been arranged in 52 cases, such crafts as basketry, lampshade making, rugmaking, stool seating, weaving, toy making, embroidery, knitting and leather work being undertaken. The handicapped persons pay for the handicraft materials which the County Council obtain for them, but the tools they require are provided on loan without charge. The goods produced are sold at a price in excess of the cost of the materials and the handicapped persons receive the whole of this amount. The profit thus made, whilst not large, has enabled some of the handicapped persons to enjoy one or two extras which otherwise they would not have been able to do.

The County Council recognised that, whilst many of the services available to handicapped persons under the scheme would have to be provided by the County Council, much could be done by voluntary effort provided that effort could be co-ordinated. Accordingly a conference was called in August of representatives of voluntary organisations and this conference unanimously decided to establish a county organisation for the welfare of the handicapped. The organisation thus formed immediately appointed an executive committee which consists of twelve representatives of the County organisation and, as co-opted members, the Welfare of Handicapped Persons Sub-Committee of the County Council's Health Committee. The Health Committee in turn co-opted to their Welfare of Handicapped Persons Sub-Committee, the twelve members appointed by the County organisation to their Executive Committee. Thus, the Welfare of Handicapped Persons Sub-Committee of the County Council and the Executive Committee of the voluntary organisation consist of the same members, an arrangement which inevitably leads to the closest co-operation between the County Council and the voluntary organisation in the provision of welfare services for the handicapped.

Towards the end of the year the Welfare of Handicapped Persons Sub-Committee recognised that if the service was to be developed additional staff would be needed and they recommended the appointment of two additional social workers and one additional occupational therapist. They also recommended that provision be made in the Financial Estimates of the Health Committee for the appointment of a second additional occupational therapist, if found to be necessary.

## **Deaf and Dumb**

Although discussions took place during the year with a view to a scheme for providing welfare services for the deaf and dumb being introduced, no definite proposals had been formulated by the end of the year.

## **Blind and Partially Sighted Persons**

During the year 121 new cases were registered, 91 of these being blind and 30 partially sighted. The corresponding figures for 1957 were 78 blind and 26 partially sighted. At the end of the year the register contained the names of 604 blind persons and 135 partially sighted persons compared with 590 and 132 respectively for the previous year.

The following tables give details of new cases registered as blind and partially sighted in 1958, indicating the cause of the eye defect and the age at which it occurred.



*Blind—new cases registered in 1958*

Cuase of Eye Defects	Age at which blindness occurred											Total	%
	0-5	6-15	16-20	21-39	40-49	50-59	60-69	70-79	80-84	85-89	90—		
1. Cataract ... ..	1	—	—	—	—	—	3	13	7	4	3	31	34.08
2. Senile Macular Degeneration	—	—	—	—	—	—	5	3	4	5	—	17	18.69
3. Glaucoma ... ..	—	—	—	—	—	3	1	3	4	—	—	11	12.09
4. Diabetes ... ..	—	—	—	2	—	—	5	—	—	—	—	7	7.77
5. Choroidal Sclerosis ... ..	—	—	—	—	—	—	1	2	1	—	—	4	4.40
6. Myopia ... ..	—	—	—	—	—	1	2	—	—	—	—	3	3.30
7. Retinopathy ... ..	—	—	—	—	—	—	2	—	—	—	—	2	2.19
8. Optic Atrophy ... ..	1	—	—	1	—	—	—	—	—	—	—	2	2.19
9. Retinitis Pigmentosa ... ..	—	—	—	—	1	1	—	—	—	—	—	2	2.19
10. Irido cyclitis ... ..	—	—	—	—	—	2	—	—	—	—	—	2	2.19
11. Keratitis ... ..	—	—	—	—	—	1	—	1	—	—	—	2	2.19
12. Arterio sclerosis ... ..	—	—	—	—	—	—	—	—	—	—	1	1	1.09
13. Iritis ... ..	—	—	—	—	—	—	—	1	—	—	—	1	1.09
14. Sclero malacaia ... ..	—	—	—	—	—	—	1	—	—	—	—	1	1.09
15. Occlusion of Retinal Artery ...	—	—	—	—	—	—	—	1	—	—	—	1	1.09
16. Thrombosis ... ..	—	—	—	—	—	—	1	—	—	—	—	1	1.09
17. Rodent Ulcer of inner canthus	—	—	—	—	—	—	—	—	—	1	—	1	1.09
18. Retrolental Fibroplasia ... ..	1	—	—	—	—	—	—	—	—	—	—	1	1.09
19. Retinal Perivasculitis ... ..	—	—	—	—	—	—	1	—	—	—	—	1	1.09
Total ... ..	3	—	—	3	1	8	22	24	16	10	4	91	—
Percentage ... ..	3.30	—	—	3.30	1.09	8.79	24.18	26.37	17.58	10.99	4.40	—	100.00

*Partially sighted—new cases registered in 1958*

Cause of Eye Defects	Age at which blindness occurred											Total	%
	0-5	6-15	16-20	21-39	40-49	50-59	60-69	70-79	80-84	85-89	90—		
1. Cataract ... ..	—	—	—	1	1	—	2	5	—	—	—	9	30.00
2. Senile macular degeneration	—	—	—	—	—	—	1	2	1	1	1	6	20.00
3. Corneal Nebulae ... ..	—	2	—	—	—	—	—	1	—	—	—	3	10.00
4. Glaucoma ... ..	—	—	—	—	—	—	—	2	—	—	—	2	6.67
5. Diabetic Retinopathy ... ..	—	—	—	—	—	—	2	—	—	—	—	2	6.67
6. Retinitis Pigmentosa ... ..	—	—	1	—	—	—	1	—	—	—	—	2	6.67
7. Retrolental Fibroplasia ... ..	2	—	—	—	—	—	—	—	—	—	—	2	6.67
8. Thrombosis ... ..	—	—	—	—	—	—	—	—	1	—	—	1	3.33
9. Irido Cyclitis ... ..	—	—	—	—	—	1	—	—	—	—	—	1	3.33
10. Choroidal Sclerosis ... ..	—	—	—	—	—	—	—	1	—	—	—	1	3.33
11. Albinism ... ..	1	—	—	—	—	—	—	—	—	—	—	1	3.33
Total ... ..	3	2	1	1	1	1	6	11	2	1	1	30	—
Percentage ... ..	10.0	6.67	3.33	3.33	3.33	3.33	20.00	36.67	6.67	3.33	3.33	—	100.00

In respect of the new cases registered in 1958, the following table gives details of the cause of the disability and indicates whether treatment was recommended or not and if it was, the number of cases in which it was received.

		Cause of disability			
		Cataract	Glaucoma	Retrolental Fibroplasia	Other
(i)	No. of cases registered during the year in respect of which Para. 7 (c) of form B.D.8 recommends:—				
(a)	No treatment ... ..	16	9	1	51
(b)	Treatment (medical, surgical and optical) ... ..	22	5	1	16
(ii)	No. of cases at (i) above which on follow up have received treatment ...	8	2	1	8



It will be noted that treatment was recommended in 44 cases and only obtained in 19. Of the 25 cases where treatment had not been provided, the position was as follows:—

- 5 persons refused treatment
- 10 persons were awaiting admission to hospital
- 3 persons were unfit to undergo treatment
- 7 persons were awaiting the completion of arrangements for treatment

The following table from the annual report of the Lindsey Blind Society shows the positions of blind and partially sighted persons in the County as regards education, training and employment at 31st December, 1958.

Register of Blind Persons at 31st December, 1958

Classification	Males	Females	Total	% of Total
<b>Children 2-4 plus</b>				
<i>Educable</i>				
In Sunshine Homes ... ..	—	1	1	.17
At home ... ..	—	—	—	—
<b>Children 5-15 plus</b>				
<i>Educable</i>				
In special schools ... ..	4	2	6	.99
Not at school ... ..	—	1	1	.17
<i>Ineducable</i>				
In mental deficiency hospitals ... ..	2	—	2	.33
At home ... ..	1	1	2	.33
<b>Employed</b>				
Workshops for the blind ... ..	12	—	12	1.99
Home workers ... ..	16	5	21	3.48
All others ... ..	21	6	27	4.47
<b>Undergoing Training</b>				
Sheltered employment ... ..	—	—	—	—
Open employment ... ..	—	—	—	—
<b>Unemployed</b> ... ..				
Employable—				
Trained open ... ..	4	—	4	.66
Trainable open ... ..	1	1	2	.33
Without training open ... ..	1	—	1	.17
Not available—				
(a) 16-59 ... ..	12	36	48	11.42
(b) 60-64 ... ..	7	14	21	
Not capable—				
(a) 16-59 ... ..	11	22	33	7.95
(b) 60-64 ... ..	9	6	15	
Not working over 65				
(a) 65-69 ... ..	19	34	53	8.77
(b) 70-79 ... ..	50	104	154	25.50
(c) 80-84 ... ..	44	58	102	16.89
(d) 85-89 ... ..	22	43	65	10.75
(e) 90 and over ... ..	10	24	34	5.63
Totals ... ..	246	358	604	100.00

*Register of Partially sighted persons at 31st December, 1958*

<i>Classification</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>% of total</i>
<b>A. Prospective Blind</b> Persons (other than children) who are near blind and likely to become blind and to need the full range of blind welfare services				
1. Employed ... ..	—	1	1	.74
2. Undergoing training ... ..	—	—	—	—
3. Unemployed but available for and capable of training or work ...	—	—	—	—
4. Incapable of or not available for work ... ..	11	38	49	36.30
<b>B. Industrially Handicapped</b> Persons (other than children) whose principal needs are likely to be met by proper placement in industry				
1. Employed ... ..	12	3	15	11.11
2. Undergoing training ... ..	—	—	—	—
4. Incapable of or not available for work ... ..	2	—	2	1.48
<b>C. Requiring observation</b> Persons (other than children) whose defect is neither industrially nor socially a serious handicap and vision may or may not deteriorate	19	25	44	32.60
<b>D. Children 5-15 plus</b>				
1. Attending special schools ... ..	11	3	14	10.37
2. Attending other schools ... ..	2	2	4	2.96
3. Educable but not at school ... ..	1	—	1	.74
4. Ineducable ... ..	1	—	1	.74
<b>Total ... ..</b>	<b>63</b>	<b>72</b>	<b>135</b>	<b>100.00</b>

**NURSERIES AND CHILD MINDERS REGULATIONS ACT, 1948**

There is one nursery in the County registered under this Act. It is run by a voluntary Committee at Skegness, is open only during the holiday season and provides places for 25 children.

At the end of the year no persons were registered under the Act as daily minders.

**PUBLIC HEALTH ACT, 1936—REGISTRATION OF NURSING HOMES**

At the beginning of the year there were five nursing homes registered with the County Council, providing beds for 91 cases. During the year the certificates of registration were surrendered in respect of three homes and two new homes registered with the result that at the end of the year four homes, providing beds for 82 cases were registered with the County Council.





